MEMORANDUM

DATE: April 26, 2002

TO: Equal Employment Opportunity Officers

Personnel Officers

Departmental LEAP Coordinators

FROM: State Personnel Board

SUBJECT: LIMITED EXAMINATION AND APPOINTMENT PROGRAM MANUAL

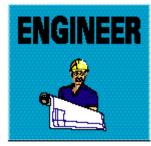
The State Personnel Board (SPB) is pleased to issue its new manual, *Guidelines for Implementing the Statutes and Regulations Governing the Limited Examination and Appointment Program (LEAP)*. The manual contains evaluation forms (SPB 273) for the new LEAP Candidate (Identified Classes). The new classes are Accounting Technician, Assistant Information Systems Analyst, Office Technician (Typing and General) and Staff Services Analyst. In addition, the SPB 273 has been updated for other LEAP Candidate (Identified Classes). Be sure to use the latest version of the form SPB 273, which is located in Appendix D, of the manual. These forms should be used as master copies, to duplicate a supply for use by hiring supervisors or managers. There is a specific form for each of the LEAP Candidate (Identified Classes).

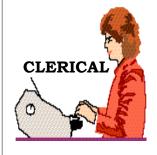
You are being sent three copies of the manual, but if you wish to have more copies, it is available on the SPB web site at www.spb.ca.gov, in the Services Section, under Disability Programs and Information. If you have any questions, please contact Sandra Estrada, Statewide LEAP Coordinator at (916) 653-1262, TTY (916) 653-1498 or email sestrada@spb.ca.gov.

F. Theodore Edwards, Manager Office of Civil Rights

Enclosure











GUIDELINES

FOR IMPLEMENTING THE STATUTES AND REGULATIONS GOVERNING

THE

LIMITED EXAMINATION

AND

APPOINTMENT PROGRAM

Prepared by the

STATE PERSONNEL BOARD

February 2002

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(LEAP)

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SECTION 1

INTRODUCTION

1.1 BACKGROUND

LEAP is an alternative selection program for persons with disabilities. The State Personnel Board (Board) established the program on January 1, 1989 pursuant to *Government Code, Section 19240* et seq. It is designed to minimize the adverse impact of the traditional selection process by providing an alternate means of assessing the qualifications and skills of job applicants with disabilities. LEAP facilitates the recruitment of applicants with disabilities to provide departments with qualified referrals for selected job classifications.

1.2 WHY DEPARTMENTS SHOULD USE LEAP

LEAP is an effective equal employment opportunity tool to facilitate the hiring of persons with disabilities. State departments are encouraged to use LEAP referral lists as a resource of qualified candidates with disabilities. Departments can easily make hires towards meeting their employment goals for persons with disabilities.

1.3 ELIGIBILITY FOR PARTICIPATION IN LEAP

In order to participate in LEAP, a person must meet the definition of an "Individual with a Disability", as defined by California Code of Regulations, Title 2, Division 1, Chapter 1, (CCR) Sections 10(a) and 547.51 and be certified eligible for the program by a California Department of Rehabilitation counselor. Individuals should contact the California Department of Rehabilitation district office nearest their home to make an appointment to become LEAP certified. They must provide the counselor with documented verification of their disability, e.g., medical records. The counselor will evaluate the information and decide whether the person meets LEAP eligibility requirements. If the person is judged to meet the requirements, the counselor will issue a LEAP Certification form. The LEAP Certification form will indicate the person's disability (by number code) and be signed by both the counselor and the person seeking to participate in LEAP (see Appendix B for sample LEAP Certification form). Once the individual is eligible, the next step is to file an application to participate in a LEAP examination. A copy of the LEAP Certification form must be attached to the standard State application form when filing for a LEAP examination. If a copy isn't attached, the application will be returned to the applicant. The individual should always keep his or her original LEAP Certification form and make copies to attach to each application submitted for a LEAP exam. (Note: Since LEAP is an open examination, current State employees may also participate in LEAP if they meet the eligibility criteria.)

1.4 LEAP SELECTION PROCESS

The LEAP selection process is a two-part process consisting of a (1) competitive examination to determine readiness for appointment, and (2) an on-the-job performance examination. The competitive examination provides a basic screening for an applicant's education, experience and personal qualifications to determine whether or not he or she is ready to be placed in a work setting. The on-the-job examination is designed to evaluate the candidate's knowledge, skills, and abilities to do the job. It substitutes for the written test in the traditional examination process. The time in which the on-the-job examination is conducted is called the "job examination period" (JEP). A flow chart and a brief description of the LEAP selection process has been developed for use by department representatives. These may be helpful for explaining the process to other staff, responding to questions, and making oral presentations. (See Appendix A)

In order to conduct the on-the-job examination, the Board established the special class, "LEAP Candidate (Identified Class)". The "Identified Class" is the parallel regular civil service class. A candidate who has been successful in the competitive portion of the examination must be appointed to this one class (regardless of the identified parallel class) in order to complete the on-the-job examination. Upon successful completion of the on-the-job examination, a candidate is considered to have passed the LEAP examination and may be appointed to the identified parallel class.

Authority: CCR Sections 547.52, 547.53 and 547.54

1.5 APPROVAL TO USE THE LEAP SELECTION PROCESS

Use of the LEAP selection process for a class is subject to approval by the Board's Executive Officer. Departments may request the use of the LEAP selection process for any entry-level job classification that is not already approved for LEAP. Requests must be in writing, provide appropriate justification. If classification is a department specific class, there must be a willingness to conduct LEAP examinations for the class. Such requests should be sent to the Statewide LEAP Coordinator, at the Board. A list of classes approved for LEAP is in Appendix C.

Approval of requests to use LEAP for a particular class will be based on the following considerations:

- 1. The class must be an entry-level classification in a class series for which open or open/non-promotional examinations are held; and
- 2. There must be a reasonable number of anticipated annual vacancies for the class within the department or various departments; and
- 3. The class series has an underrepresentation of employees with disabilities in fulltime positions (below 11.4% California labor force representation). Where a class series is used by more than one department, statewide composition data will be used to

determine underrepresentation. If a class series is used only by one department, departmental composition data will be used.

Authority: Government Code Sections 19240 and 19241

1.6 DEPARTMENTAL LEAP COORDINATORS

LEAP is coordinated by the Statewide LEAP Coordinator located in the Office of Civil Rights, of the Personnel Resources & Innovations Division (P.R.I.D.), at the Board. The Board recommends that departments identify a departmental LEAP Coordinator who will be responsible for the coordination of LEAP within the department. LEAP Coordinators usually are staff in the personnel office or in the civil rights/equal employment opportunity office of a department. The following is a list of general responsibilities recommended of a Departmental LEAP Coordinator:

- 1. Acts as a central contact within a department for information about LEAP and the hiring process.
- 2. Monitors LEAP appointments within a department to ensure that the process is working effectively.
- 3. Coordinates the processing of LEAP documentation to the Board.
- 4. Assists departmental managers and supervisors with LEAP problems.
- 5. Acts as the department's liaison with the Board regarding LEAP.
- 6. Serves as a resource to LEAP candidates and appointees.

SECTION 2

GUIDELINES FOR USING A LEAP REFERRAL LIST

2.1 LEAP REFERRAL LISTS

A LEAP Referral List contains names of qualified persons with disabilities who meet the minimum requirements for the job classification, and have been certified eligible for LEAP by the Department of Rehabilitation, and have demonstrated the potential to perform the duties of the classification in a competitive examination to determine readiness for appointment.

The names of individuals who successfully complete the Competitive Examination are merged onto a LEAP Referral List for the appropriate job classification. Candidates have eligibility for appointment from a LEAP Referral List for 24 months. Candidates will not be notified when their eligibility expires. **Individuals may be scheduled for a competitive examination for each class only once during any 24-month period.**

LEAP lists are **not** employment lists. They are referral lists from which a department may select a candidate to make a temporary appointment (TAU) to the "LEAP Candidate (Identified Class)" in order for the candidate to complete the second part of the LEAP examination process, the "on-the-job" performance examination. (Please note: The TAU appointment refers to the Personnel Action Request (PAR) documentation.)

LEAP Referral Lists contain all information necessary for departments to contact qualified individuals when filling vacancies in a particular job classification. Lists are statewide and include all names, addresses, phone numbers, ranks, location preference codes, and tenure or time-base preference codes. Departments may order an official certified list of names by specific location or on a statewide basis.

Authority: Government Code Sections 18901 (a), 19242.2 and CCR Section 547.53 (b)

2.2 RULE OF THE LIST

Departments may use LEAP Referral Lists to fill vacancies and are allowed to contact qualified individuals by "Rule of the List". "Rule of the List" permits any candidate to be appointed from a LEAP Referral List in order to make a good job-person match. "Rule of the List" also gives LEAP candidates the opportunity to contact departments in order to promote an interest in their qualifications as prospective employees. Rankings are included on LEAP Referral Lists in order to provide departments with information on the relative qualifications of candidates.

Authority: Government Code Section 19242.2

2.3 HOW TO ORDER AND CLEAR LEAP REFERRAL LISTS

PLEASE NOTE: A new feature has been added for departments ordering regular certification lists from the Board's Central Certification System. When there is a parallel LEAP referral list available, it will automatically be generated along with the regular certification list. The system is programmed to order the LEAP referral list for limited term (LT) tenure appointments.

LEAP referral lists are maintained on the Board's Central Certification System. Departments may order certification lists for LEAP through the automated

certification system or by contacting staff in the Board's Certification Unit. LEAP lists may be cleared by using the normal List Clearance Codes listed on the reverse of the STD. 664, Certification of Eligibles (on line departments, see the "On Line Certification Manual"). Departments may order a certification list for LEAP in the following way.

- 1. Geographical Area/Location
- 2. Limited-Term Tenure Only *
- 3. Time Base (Choose one): Full Time, Part Time, or Intermittent

NOTE:

* ALL LEAP referral lists should be ordered using limited term (LT) tenure. LEAP candidates remain in LT status until they are transitioned into the civil service class code. It is possible that some LEAP candidates may be hired into a limited term position.

On-line departments must use one of the following combinations for each request:

Tenure (T)	Time Base (TB) Hours	Tenure	Time Base Codes
,	,		
Limited Term (LT)	Full Time	=	21
Limited Term (LT)	Part Time	=	22
Limited Term (LT)	Intermittent	=	23

If a LEAP candidate has designated full time (FT) as a time base preference, and is appointed to less than FT, his or her name will continue to be considered for FT positions.

Authority: Government Code Section 19242.4 and CCR Section 547.50 (b)

2.4 THE BOARD'S AUTOMATED CERTIFICATION SYSTEM (DEPARTMENTS "ON LINE")

When a vacancy occurs, the department may order an official certification list of eligibles from the LEAP Referral List in accordance with the "On-Line Certification Users Manual" for transaction "R 1" or when ordering a regular certification list if there is a parallel LEAP referral list it will automatically generate out to the ordering department.

All certification of LEAP candidates made through the Board's automated certification system will be from the central certification system. The list will include merged names and any changes in information submitted to the Board. Departments participating in the automated certification system can:

- 1. Quickly browse all LEAP Referral Lists (BRPT/XXXXLEAP).
- 2. Order and print both certification lists and vacancy notices.
- 3. Clear certification lists.

2.5 DEPARTMENTS THAT ARE NOT "ON LINE"

To obtain a certified list of the names of LEAP candidates, departments must contact the Board's Certification Unit and provide the following information:

- 1. Class code including specialty code for the identified class (see Appendix C).
- 2. Exam agency code.
- 3. Location of the position.
- 4. Number of vacancies/positions to be filled.
- 5. Number of names and ranks you wish to contact. If you know the name and/or SSA number of the person, you may request a "Name Certification" reflecting only that person. Please note: Rule of the List.
- 6. Time Base Full Time, Part Time, or Intermittent. If part time, be prepared to provide the fractional time base, e.g., half time. If intermittent, we will need the number of hours to be worked, e.g., 30 hours per week, 100 per month, etc.
- 7. Number of Limited-Term months, e.g., nine months.

The list will be ready the following day and will either be mailed to or picked up by the department. After contacting the eligibles, the responses are documented directly on the certification list and returned to the Board's Certification Unit for list clearance action. All list clearances should be noted on a formal cert.

2.6 HOW TO CONTACT CANDIDATES ON LEAP REFERRAL LISTS

Departmental staff may contact candidates by telephone or by sending them an "Employment Inquiry". When contacting individuals on LEAP referral lists, departments should use the "Employment Inquiry" Std. 628 available for laser and continuous feed printing and in pad form for typewriters (see Appendix E). Waivers will not be charged against individuals on LEAP referral lists; however, the Board may place a candidate's name inactive for failure to reply to departmental contacts, or failure to report for a scheduled hiring interview (see Appendix G for list clearance codes for LEAP).

Please Note: When ordering a certification list, if you put "Yes" to receive Employment Inquiry letters, you will receive letters for both the LEAP and non-LEAP list of names.

Authority: CCR Sections 258, 260 and 261

2.7 BEWARE OF CANDIDATES NOT ON LISTS

Individuals may contact departments directly and request a hiring interview. If the individual does not provide a copy of a "Notice of Results", be certain his or her name is on a LEAP Referral List before scheduling him or her for a hiring interview. This will prevent the chance of making any illegal appointments.

2.8 REMOVAL OF NAMES FROM LISTS

A candidate's name is removed from a LEAP Referral List (1) upon the expiration date of his or her eligibility (Note: Eligibility on a LEAP referral list is for a period of two years but can be extended for an indefinite period of time); or (2) if an individual who does not meet eligibility criteria, has his or her name placed on a LEAP referral list in error.

If the appointment is to a limited-term or temporary position, his or her name will remain on the list so that he or she may be considered for future positions where there is the potential to gain permanent status. (Refer to Section 2.3, for information on how to order and clear referral lists for LEAP). The acceptance of part time or intermittent work by persons on LEAP Referral Lists shall not affect their eligibility for full-time positions.

Authority: Government Code Section 18901.5 and CCR Sections 260, 547.52 and 547.53

2.9 PLACING CANDIDATE'S NAME ON INACTIVE STATUS

If a department properly codes list clearances, the Board will inactivate the name of any person on a LEAP Referral List and a computer generated notice will be mailed to the candidate who:

- 1. Fails to appear for a job interview (IDNA)
- 2. Fails to respond to an "Employment Inquiry" (IDNR)

The Board will reactivate the name of any person who is on inactive status to the LEAP Referral List, for the remaining period of eligibility, upon written notification from the candidate.

A candidate whose name is on the LEAP Referral List may request to be placed on inactive status by sending a written request to the Certification Unit at the Board. The candidate's name will then be removed from the active list. A candidate's name may be restored to active status for the remaining period of eligibility upon written request.

Authority: CCR Sections 153 and 260

2.10 USE OF AN ALTERNATE LEAP REFERRAL LIST

A LEAP Referral List may sometimes be used to fill positions for classifications that are similar to classes already approved for LEAP. Where the recruitment base would be the same for both classes, it is assumed that individuals on a LEAP referral list would perform satisfactorily in positions for both classes. Departments may request to use a LEAP referral list if the classification meets the following criteria:

- 1. Both classes are at the same salary level (within two steps); and
- 2. Both classes have similar minimum qualifications (MQs); and
- 3. Both classes have similar duties and closely-related knowledges, skills and abilities; and
- 4. The scope of the critical class requirements (CCRs) used to evaluate the candidate in the LEAP class is appropriate for evaluation of the candidate in the other classification.

If the class meets these criteria, use of a LEAP Referral List can potentially increase the opportunities to appoint candidates with disabilities. One example where this has been done is where the LEAP Candidate (Environmental Specialist) list has been used to fill positions in the class of Air Pollution Specialist. In this instance, the individual would be appointed to the LEAP Candidate (Environmental Specialist) class, serve the job examination period, and if successful, be transitioned to the Air Pollution Specialist class.

Departmental requests to use an alternate LEAP Referral List must be in writing to the Statewide LEAP Coordinator, at the Board, and provide evidence that the class meets the criteria listed above. The Statewide LEAP Coordinator, at the Board, will review the request and if appropriate provide written approval to the requesting department.

Authority: Government Code Section 19055 and CCR Section 264

2.11 TRANSFER OF LIST ELIGIBILITY

LEAP referral lists are not eligible lists. They are used to place individuals so that they may complete the second part of the LEAP examination process. Transfer of eligibility between LEAP referral lists and regular civil service lists is **not** permitted, since individuals have not yet completed the LEAP selection process.

Authority: Government Code Section 19242.4

SECTION 3

HIRING PROCESS

3.1 HIRING INTERVIEW

In filling vacant positions, departments may interview candidates from both the LEAP Referral List and the regular eligible list. Staff responsible for interviewing candidates must not ask specific questions about the person's disability. Questions must be job related. All candidates on the LEAP Referral List are eligible for hiring consideration since "Rule of the List" applies when using LEAP Referral Lists.

Authority: Government Code Section 19242.2

3.2 LEGAL REQUIREMENTS FOR APPOINTMENT

Departments may only appoint individuals to the LEAP Candidate (Identified Class) who meet the eligibility criteria for the program and possess the minimum qualifications for the regular civil service classification [CCR, Section 547.51). When a department has questions about the eligibility or qualifications of a LEAP Candidate, the questions should be referred to the Statewide LEAP Coordinator, at the Board. If the name of an individual has been improperly placed on the LEAP Referral List, the Board will remove the name.

Authority: CCR Section 547.53

3.3 MEDICAL CLEARANCE PROCESS

The medical clearance process is the same for LEAP candidates as it is for any other appointment. If the department requires a health questionnaire for appointment to a particular class, the LEAP candidate will be required to complete a health questionnaire. If the department requires a physical examination, the LEAP candidate will also be required to complete a physical examination. It is **not** appropriate to require a physical examination for a LEAP candidate in a classification where a health questionnaire is the only requirement for other appointees. (Refer to the Personnel Management Policy and Procedure Manual (PMPPM) Section 375 - Medical Clearance)

Authority: Government Code Section 18931 and 19253.5

3.4 MEDICAL STANDARDS

When there are questions about the suitability of appointing an individual to a particular position, the department may request that medical information be reviewed by the State Medical Officer, at the Board, or if the department has been delegated the authority for medical clearance, the medical officer in the department. The medical clearance process will be facilitated if the department designates "LEAP CANDIDATE" at the top of the health questionnaire form.

Authority: Government Code Sections 18931, 19261 (a), 19230 (c) and CCR Section 172

3.5 SUBJECT TO PROPER PLACEMENT

The medical officer will review medical information about the individual and information about the job duties to be performed in order to determine the suitability of the person for a position. If the person is found to be unsuitable, the medical officer will recommend that the department reject the individual for medical reasons. If the person is found to be suitable, the medical officer will report that the person has an unconditional medical clearance for the position. If the person is found to be suitable with the exception of some medical limitation, the medical officer will report that the person has medical clearance for the position and is "Subject to Proper Placement" (STPP).

When an individual is determined to be STPP, the medical officer will prepare a letter that describes the functional limitations in relation to the position. Copies of the STPP letter are provided to the individual and the department. If the department receives an STPP letter about a prospective employee, the appropriate departmental staff will discuss possible accommodations that will assist the individual in the successful performance of the job duties. It is not appropriate to reject a person on the basis of an STPP designation without consideration of reasonable accommodation. (See PMPP Manual Section 375)

Authority: Government Code Section 19230 (c) and CCR Section 172

3.6 REQUEST FOR REASONABLE ACCOMMODATION

Occasionally, there may be cases where a LEAP candidate will initiate a request for a reasonable accommodation during the JEP. The accommodation can be anything that will assist the individual to perform the essential functions of the position without causing undue hardship on the department. Accommodation requests should be handled in accordance with *Government Code Sections 19230 (a,b&c)* and the Board's *Guidelines for Implementing Reasonable Accommodation* (available on the web at www.spb.ca.gov). The department must respond to a request within **20 working days** and may request an extension of the JEP while arrangements are being made for the accommodation. (See Section 4.7, pp 19-21)

3.7 RECLASSIFYING A POSITION TO LEAP CANDIDATE IDENTIFIED CLASS

There are no budgeted LEAP positions. Positions in the parallel regular civil service class (i.e., the "identified class") must be reclassified to the LEAP Candidate identified class in order to appoint a LEAP candidate. The department will complete the STD 607 form (Change in Established Positions) to reclassify the position. After the new employee has completed the job examination period, the position must be reclassified to the parallel civil service classification.

Authority: CCR Sections 547.50 and 547.56

3.8 LEAP APPOINTMENTS

All individuals selected under LEAP will be documented to receive temporary (TAU) appointments during the job examination period. (Caution: Departments should verify that individuals have sufficient TAU eligibility to complete the JEP. No person may serve in one or more positions under TAU longer than 9 months in 12 consecutive months.) Departments may use LEAP referral lists to fill other than full-time positions. When filling temporary, part time, or intermittent vacancies, departments must clearly describe the tenure and time-base of these positions to potential employees at the time of hire. (See "Tenure", Section 5.3 and "Time Base", 5.4, pp 25-26)

When a LEAP Candidate identified class is a deep class, LEAP candidates may be appointed to alternate ranges as follows:

- 1. When making appointments to alternate ranges for LEAP classes, please make sure that the person fully meets the alternate range criteria for the parallel civil service class.
- 2. Indicate in Item 215 on the Personnel Action Request (PAR) form the class code of the parallel civil service class and the alternate salary range you are seeking to pay the LEAP candidate. The State Controller's Office (SCO) will pay the employee the appropriate salary rate in the alternate range indicated in Item 215 on the PAR.

If there is a State Restriction of Appointment (SROA) list for the parallel civil service class, it must be cleared prior to making an appointment to the LEAP Candidate class as defined by California Code of Regulations, Title 2, Division 1, Chapter 3, Section 599.854.4(c)(5), Department of Personnel Administration):

Limited Examination Appointment Program (LEAP) appointments. Before a LEAP eligible can be initially hired, the appointing power must first request and receive approval for a SROA exemption. When a LEAP eligible has successfully completed the Temporary Authorization (the Board's Rule 265) period the appointing power may make a permanent appointment of that person without requesting another SROA exemption.

Authority: CCR Section 547.50 (b)

3.9 SALARIES AND BENEFITS

Employees in the LEAP Candidate class will receive the same salary and benefits that any other temporary employee in the parallel class receives as determined by the Department of Personnel Administration (DPA).

Those candidates working on a half-time or greater basis are entitled to receive health, dental and vision benefits. Leave benefits are prorated according to the proportional amount of time worked. If a LEAP Candidate is already a permanent State employee, benefits would remain in place.

NOTE: Salaries and Benefits are under the jurisdiction of the DPA. Benefit eligibility added dental and vision coverage per Personnel Management Liaisons (99-054) with a Permitting Event Date 10/1/99.

Authority: Government Code Section 19242.6

3.10 BARGAINING UNIT DESIGNATION

All candidates appointed to the LEAP Candidate identified class will be placed in Bargaining Unit 1. When appointed to the parallel class, they will be placed in the appropriate bargaining unit of the parallel class.

3.11 PROCESSING APPOINTMENTS TO THE LEAP CANDIDATE IDENTIFIED CLASS ("AO1" TRANSACTION)

The Personnel Action Request (PAR) for a LEAP appointment should be completed according to the established Personnel Action Manual (PAM) instructions for appointment to a TAU non-testing class with the following exceptions (see Appendix N, Sample PAR for TAU appointment):

<u>Item</u>	<u>Enter</u>
205. Transaction Code	"AO1"
215. Employment History Remarks	Class code of the identified class (see PAM Section 2.36). Also enter the alternate salary range, if applicable, that the LEAP candidate is to receive.
320. Based on Salary	The salary rate of the identified class. Please note that the salary rate for the

LEAP class (4687) must reflect the specific hourly, daily, or monthly rate as dictated by the Salary Per Item (H, D, or M) on the appointment. If the salary rate of the identified class is listed as monthly in the pay scales, use the Universal Salary Schedule to determine the appropriate hourly or daily salary rate.

410. Appointment Tenure

"T"

415. Number of Months

Nine months. All appointments should be nine months unless prior TAU time must be counted toward total TAU time (i.e., if individual worked as a TAU prior to LEAP Candidate appointment, the remainder of time must allow for the candidate to complete the required JEP). Then appoint actual time worked and convert previous time to days toward the 194 day limit.

425. Certification Number

"4687 NT".

435. MCR Approval

Code" 1 ". Leave "Form" and "Date"

blank.

455. Disability Code

Select from the State Employee Disability

Questionnaire form SPB 131 (see

Appendix F).

Line 8. Additional Items

"863 (indicate appropriate code)" and "878 (indicate code)" information.

Questions on other PAR items must be directed to the SCO, Personnel Services Liaison Unit (see PAM Section 1. 12).

Authority: CCR Section 547.53

3.12 COMPLETING THE NOTICE OF PERSONNEL ACTION (NOPA)

Upon receipt of the NOPA, complete the portion "Classification Title" by entering the class title per the following special instructions:

For appointment to class code 4687, [LIMITED EXAMINATION AND APPOINTMENT PROGRAM CANDIDATE (Identified Class)], type in the class title of the "identified class" in which the duties are to be performed. (See PAM Section 7.3)

EXAMPLE:

CLASSIFICATION TITLE

LIMITED EXAMINATION AND APPOINTMENT PROGRAM CANDIDATE [Office Assistant (Typing)]

Authority: CCR Section 547.53

3.13 STATE EMPLOYEE DISABILITY QUESTIONNAIRE (SPB 131)

All LEAP candidates are certified by the Department of Rehabilitation as meeting the definition of an "individual with a disability", as specified in *CCR Section 470. 1 (4)*. When appointed, they should be given the State Employee Disability Questionnaire and encouraged to fill in the appropriate information. [Note: Under the Fair Employment & Housing Act (FEHA) you are prohibited from requiring the person to provide this information.]

The appropriate disability code must be included on the PAR form for each LEAP Candidate. This item will be post audited by the SCO. Correct information on the PAR will ensure that departments receive credit for their efforts to hire persons with disabilities under LEAP.

Authority: Government Code Section 19233 (b)

3.14 ADDITIONAL INFORMATION

- 1. Time spent in the LEAP Candidate class **does** count toward the salary anniversary date for the parallel class.
- 2. Time spent in the LEAP Candidate class **does not** count toward completion of the probationary period of the parallel class.
- 3. Those appointed to the LEAP Candidate class are entitled to receive the same general salary adjustments as those in the parallel identified class receive. If the identified class (Item 215 of TAU appointment) receives a "GEN", then a "SAL" should be done on the LEAP appointment (effective the same date as the "GEN") to increase the candidate's salary accordingly.

4. Hiring Above the Minimum (HAM's) authorization for extraordinary qualifications **does not** apply to LEAP appointments.

Questions on PAR items should be directed to the SCO's, Personnel Services Liaison Unit (See PAM Section 1. 12).

Questions on candidate/employee benefits should be directed to the DPA.

Authority: Government Code 18529 and 19836

SECTION 4

EVALUATION PROCESS

4.1 ON-THE-JOB EXAMINATION PERIOD (JEP)

The purpose of the JEP, as defined by *CCR Section 547.54* is to assess the knowledge, skills and abilities of individuals in a LEAP Candidate identified class. Candidates must successfully demonstrate their ability to perform the essential functions of the job classification in order to successfully complete their LEAP examination. The length of the JEP is one-third that of the probationary period for the parallel class (i.e., two months for classes with a six-month probationary period, and four months for classes with a twelve-month probationary period). If the candidate is working part time, the JEP is prorated at a rate comparable with two months equaling 280 hours or four months equaling 560 hours of full time employment. *[CCR Section 321]*

4.2 EVALUATION STANDARDS

Pursuant to *CCR Section 547.54 (c)* the Board will determine the Critical Class Requirements (CCR) which will be used to evaluate employees in the LEAP Candidate class. The CCRs will be based on the knowledges, skills, and abilities, identified in the class specification of the "identified class", which are considered necessary to perform the essential functions of the job. CCRs will be stated on LEAP examination bulletins and on LEAP Candidate Job Examination Form, SPB 273.

4.3 "LEAP CANDIDATE JOB EXAMINATION" FORM SPB 273

SPB Form 273 is used to evaluate LEAP candidates and to request any changes in the status of a LEAP candidate. The Board staff has prepared a separate form SPB 273 for each of the LEAP Candidate identified classes (see Appendix D for a copy of each form). Departments must use the appropriate form SPB 273 for each identified class to assess the skills and abilities of employees during the JEP.

Department staff cannot change the CCRs listed on the 273 form (CCR Section 547.54). Any questions about the CCRs should be referred to the Statewide LEAP Coordinator, at the Board. Supervisors may attach a duty statement for the position to document specific tasks that will be used to evaluate the CCRs.

To obtain a supply of any Form SPB 273, departments should use a copy of the form contained in Appendix D as a "master" and duplicate as many copies as needed. If a new "master" is needed, departments may request another copy from the Statewide LEAP Coordinator, at the Board or print out a copy from www.spb.ca.gov.

4.4 OBSERVING PERFORMANCE

The JEP is comprised of the time the supervisor is observing the performance of the individual in the LEAP Candidate identified class. In order to provide a fair evaluation of the LEAP Candidate's performance, the supervisor must observe the performance over the full two or four-month JEP. If the supervisor cannot observe the performance of the LEAP candidate for any period of time, the JEP should be extended accordingly. For instance, if the LEAP candidate attends classroom training for two weeks, the JEP should be extended to 10 weeks for a two-month evaluation or 18 weeks for a four-month evaluation period.

Authority: Government Code Section 19242.8 and CCR Section 547.54 (d)

4.5 MONTHLY EVALUATIONS

The supervisor will evaluate the LEAP candidate once each month during the JEP, documenting the evaluations on a form SPB 273. A copy of the SPB 273 must be submitted to the LEAP Coordinator within the department. The Departmental LEAP Coordinator will be responsible for monitoring the progress of the candidate during the JEP. The department may decide to request an extension or a reduction of time during the JEP in accordance with *CCR Section 547.55*. Refer to the procedures in this section on "Extension of JEP" (4.7, pp 19-21) or "Reduction in JEP" (4.8, pp 21-23).

1. Departmental LEAP Coordinator's Responsibility

Departments must complete the appropriate form SPB 273 at the time an individual is appointed to the LEAP Candidate identified class. The departmental LEAP coordinator will keep the original form SPB 273 and copies will be given to the candidate and the immediate supervisor for monthly evaluations. A copy must also be sent to the Statewide LEAP Coordinator, at the Board.

2. Supervisor's Responsibility

The supervisor will evaluate the LEAP candidate's performance at the end of each month during the JEP by completing the "LEAP Candidate Job Examination" form (SPB 273). The evaluation will contain the supervisor's assessment of the candidate's performance on each of the Critical Class Requirements and the supervisor's signature.

The supervisor will discuss the completed SPB 273 evaluation each month with the LEAP candidate. The candidate will review and sign the appropriate form SPB 273 each month. The signature of the candidate only indicates that the form has been reviewed. The candidate may not necessarily agree with the evaluation.

The supervisor will keep a copy of the completed SPB 273, provide the candidate with a copy, and submit the original to the departmental LEAP Coordinator each month during the JEP.

3. <u>LEAP Candidate's Written Response to Evaluation</u>

The LEAP candidate may submit a written response to any information contained on the evaluation. The candidate will keep a copy of the response, provide a copy to the supervisor, and submit the original to the departmental LEAP Coordinator. The response must be acknowledged by the department and included as an official part of the evaluation.

Authority: Government Code Section 19242.8 and CCR Section 547.54 (d)

4.6 FINAL EVALUATION

In order to process an appointment of a LEAP candidate to the parallel civil service classification, the department must complete a final form SPB 273. The final evaluation must be completed after the equivalent of two months, for a class, with a six-month probation, or after the equivalent of four months, for a class, with a twelve-month probation.

At the time of the final evaluation the individual in the LEAP Candidate identified class should be ready for appointment to the parallel civil service class. Refer to Section 5, "Transition Process", and pp 24-27, for procedures to transition an individual from the LEAP Candidate identified class to the parallel class.

If the LEAP candidate is not ready for appointment to the parallel class and the department has decided to terminate the candidate, the department should follow the procedures under Section 6, "Termination Process", pp 28-33.

To process the final evaluation on a LEAP candidate who has successfully completed a JEP, use the following steps to complete the form SPB 273:

- 1. The supervisor must check "yes" under "Final Evaluation Only".
- 2. The supervisor must include justification under "Supervisor Comments".
- 3. Both the supervisor and the LEAP candidate will review and sign the final SPB 273.
- 4. The supervisor will keep a copy of the final SPB 273, provide the candidate with a copy, and submit the original to the departmental LEAP Coordinator.

- 5. The departmental LEAP Coordinator will submit the final evaluation package to the Statewide LEAP Coordinator, at the Board. The final evaluation package must include the following information:
 - a. A cover memo, which includes: the name of the LEAP candidate, LEAP Candidate identified class, and requested effective date for appointment to the parallel class. A sample cover memo has been prepared for departments to use when submitting a request for appointment to the parallel class. (See Appendix J)
 - b. The original copy of all SPB 273 forms including monthly and final evaluations.
 - c. The original copy with any responses to the evaluations by the LEAP candidate.

Submit the final evaluation package to:

In Person: By Mail:

State Personnel Board State Personnel Board (E9)
Statewide LEAP Coordinator
801 Capitol Mall, Room 108
P.O. Box 944201, M.S. 12
Sacramento, CA 95814
Sacramento, CA 94244-2010

- 6. The Statewide LEAP Coordinator, at the Board, will review the request and the supporting evaluation package. If approved, the coordinator will determine the appropriateness of the effective date and complete a memo of approval for appointment to the parallel class. [CCR Section 547.56(a)]
- 7. The approval memo will be returned to the departmental LEAP Coordinator for processing a Personnel Action Request (PAR). Refer to Section 5, "Transition Process", pp 24-27, for procedures to appoint employees to the parallel class.

Authority: CCR Sections 547.54 (a) and 547.54 (d)

4.7 EXTENSION OF JOB EXAMINATION PERIOD

Two or four-months are usually adequate to evaluate a LEAP candidate's performance during the JEP. Occasionally, there may be a need to extend the JEP. A department may request an extension of time for a LEAP candidate if necessary to properly assess his or her performance. The Statewide LEAP Coordinator, at the Board, as specified in CCR Section 547.55(a) must approve all requests for extensions. Requests for extensions, must be made and approved no later than 30 days following the last day of the JEP. The department must inform the candidate of the reasons for the request for any extension of time. The candidate must also be made aware of the level of performance that is expected for a satisfactory rating during the time remaining, if the extension is approved.

Requests for extensions are evaluated on a case-by-case basis. Extensions have been approved during the job examination period for the following reasons:

- 1. Candidate needs to improve and the department expects a satisfactory performance within a short period of time.
- 2. Candidate needs to improve and is placed in a different position where the department expects a better job-person match.
- 3. Candidate is attending classroom training.
- 4. Department is arranging for reasonable accommodations.
- 5. Candidate is on an approved leave of absence (e.g., short-term illness, etc.).

Form SPB 273 is used to request an extension of time during the JEP. The supervisors' comments must include justification for requests to extend the JEP. Extensions can only be requested for candidates who have TAU time remaining. No person may serve in one or more positions under temporary appointment longer than 9 months in 12 consecutive months (see *PMPP Manual Section 330*).

To process a request for an extension of the JEP, use the following steps:

- 1. On the form SPB 273, the supervisor must check "No" and check "Request Extension of Job Trial Period" under "Final Evaluation Only".
- 2. The supervisor must include justification for a request to extend time under "Supervisor Comments".
- 3. The supervisor and the LEAP candidate must review and sign the SPB 273 requesting an extension of time.
- 4. The supervisor will keep a copy of the completed form SPB 273, provide the candidate with a copy, and submit the original to the departmental LEAP Coordinator.
- 5. The departmental LEAP Coordinator must submit a request for extension of time and get approval from the Statewide LEAP Coordinator, at the Board, no later than 30 days following the last day of the JEP. If approval is not obtained within this time, the candidate is automatically presumed to have successfully passed the JEP and must be appointed to the parallel civil service class (Government Code Section 19243). To expedite a request, the departmental LEAP Coordinator may obtain

approval by telephone from the Statewide LEAP Coordinator, at the Board. The departmental LEAP Coordinator must then submit a written confirmation of the telephone approval to the Statewide LEAP Coordinator, at the Board. A request for extension must include the following information:

- a. A cover memo, which includes the name of the LEAP candidate, LEAP Candidate Identified class, requested new ending date of the JEP, and an explanation for the need to extend the JEP. A sample cover memo has been prepared for departments to use when submitting a request for extension of JEP. (See Appendix I).
- b. The SPB 273 form requesting an extension of time and prior monthly evaluations.
- c. Any responses to the evaluations, by the LEAP candidate.

Submit evaluation package to:

In Person: By Mail:

State Personnel Board (E9)
Statewide LEAP Coordinator Statewide LEAP Coordinator
801 Capitol Mall, Room 108 P.O. Box 944201, M.S. 21
Sacramento, CA 95814 Sacramento, CA 94244-2010

6. The Statewide LEAP Coordinator, at the Board, will evaluate requests to extend the JEP on a case-by-case basis and will respond within the 30 days following the last day of the JEP.

Authority: Section 5, Article VII, California Constitution

4.8 REDUCTION IN JOB EXAMINATION PERIOD

The two or four-month evaluation is usually needed to determine the qualifications of a LEAP candidate. The department may request a reduction of time for a particular LEAP candidate, under specific conditions. The Statewide LEAP Coordinator at the Board must approve all requests for early appointment to the parallel class.

Requests for early transition of a LEAP Candidate must meet all of the conditions stipulated in *CCR Section 547.55(b)* which states:

(1) The LEAP candidate held a position in state civil service during the twelve-month period prior to the effective date of the LEAP appointment; and

- (2) The duties performed in the position in (1) above were equivalent in level of responsibility and requirements of knowledge, skills and abilities to the duties of the position to which the LEAP candidate will be appointed upon completion of the LEAP job examination period; and
- (3) The position in (1) above was held by the LEAP candidate for a period of time that equals or exceeds the LEAP job examination period specified in *CCR Section* 547.54(a); and
- (4) The LEAP candidate has written evidence of satisfactory performance in all aspects of the position in (1) above; and
- (5) The LEAP candidate's current appointing power requests that the LEAP job examination period be reduced.

To process a request for a reduction of time, a final evaluation of the LEAP candidate must also be completed. Use the following steps to complete the form SPB 273:

- 1. The supervisor must check "Yes" under "Final Evaluation Only".
- 2. The supervisor must include justification under "Supervisor Comments". The justification must indicate that all of the conditions specified under *CCR Section* 547.55(b) are met.
- 3. The supervisor and the LEAP candidate will review and sign the final SPB 273.
- 4. The supervisor will keep a copy of the final SPB 273, provide the candidate with a copy, and submit the original to the departmental LEAP Coordinator. The supervisor may initiate the request for reduction in the job examination period by attaching a cover memo with the necessary information to the final evaluation package.
- 5. The departmental LEAP Coordinator will submit a request for reduction of time to the Statewide LEAP Coordinator, at the Board, during the JEP. The evaluation package must include the following information:
 - (a) The cover memo should include the name of the candidate, the identified class, and requested effective date for appointment to the parallel class. The cover memo must also include all necessary information to determine that the request meets all of the conditions required for reducing time in the job examination period according to *CCR Section 547.55(b)*. A sample memo has been prepared for departments to use when submitting a request for a reduction of the JEP. (See Appendix H)
 - (b) All SPB 273 forms including monthly and final evaluations.

- (c) A copy of the candidate's "Notice of Results" or the page of LEAP Referral List where name of candidate appears.
- (d) Any responses to the evaluations by the LEAP candidate.

Submit final evaluation package to:

In Person:

State Personnel Board

State Personnel Board (E9)

Statewide LEAP Coordinator

801 Capitol Mall, Room 108

Sacramento, CA 95814

By Mail:

State Personnel Board (E9)

Statewide LEAP Coordinator

P.O. Box 944201, M.S. 12

Sacramento, CA 94244-2010

- 6. The Statewide LEAP Coordinator, at the Board, will review the request and the supporting evaluation package. If approved, the Statewide LEAP Coordinator, at the Board, will determine the appropriateness of the effective date and complete a memo of approval for appointment to the parallel class. (See Appendix K for a sample approval memo)
- 7. The approval memo will be returned to the departmental LEAP Coordinator for processing a Personnel Action Request (PAR). Refer to the Section 5, "Transition Process", pp 24-27, for procedures to appoint candidates to the parallel class.

SECTION 5

THE TRANSITION PROCESS

5.1 TRANSITION FROM TEMPORARY TO PERMANENT APPOINTMENT

Individuals appointed to the LEAP Candidate identified class who successfully complete their JEP will be transitioned to the parallel class. Departments must complete a final LEAP Candidate Job Examination form (SPB 273) requesting approval to appoint the LEAP candidate to the parallel class. Refer to the "Evaluation Process", Section 4.6 (pp 18-19) for procedures to complete the final evaluation; or refer to "Reduction in the JEP", Section 4.8 (pp 21-23).

Board approval of the LEAP candidate appointment to the parallel class is contingent upon the following conditions stipulated in *CCR Section 547.56(a)*:

- (1) The job examination period specified in *CCR Section 547.54(a)* has been successfully completed; and
- (2) The appointing power submits verification to the executive officer that the LEAP candidate has successfully completed the LEAP job examination period.

If the department does not submit a final evaluation within 30 days after the last day of the JEP, it will be presumed that the LEAP candidate has demonstrated satisfactory performance in the LEAP examination as provided by *Government Code Section 19242.9*. The department must then appoint the LEAP Candidate to the parallel class with the effective date of the day after completion of the JEP.

5.2 APPOINTMENT OF LEAP EMPLOYEE TO THE PARALLEL CIVIL SERVICE CLASS ("A22" TRANSACTION)

In order to process the appointment of a LEAP candidate to the parallel class, please use the following instructions to complete a Personnel Action Request (PAR). The department must complete a PAR using the transaction code "A22", which is "Appointment by the Board, DPA, or Court Action in lieu of appointment through the Certification Process" (See PAM 3.66 and 3.67; 2.203). (See Appendix 0, Sample PAR for Appointment to Identified Class). Complete all items according to the normal PAM instructions:

<u>Item</u>		<u>Enter</u>
205. Transaction	on Code	"A22".

320. Based on Salary If salary rate on LEAP appointment (AO1)

was converted to an hourly or daily rate,

and

salary range for class code of A22

transaction is monthly, enter the appropriate

monthly rate.

430. Probationary Period Code " 1 " and ending date of probationary

period for identified class. Ending date

must be entered manually.

Line 10. Backup Information "X" in "On File For Audit" box.

Remarks Column "Letter of Approval, from the Board, must

be on file with the appointing power."

The "A22" transaction may be key entered by the employing department. The department must retain a copy of the Approval Memo and the final evaluation package. (See Appendix K for sample approval memo)

Authority: CCR Section 547.56

5.3 TENURE

1. Temporary

All appointments to the LEAP Candidate Identified Class, class code 4687, are temporary. When the individual passes the JEP and is transitioned to a permanent position in the parallel civil service class, the tenure will no longer be temporary.

2. Permanent

The vast majority of LEAP candidates are transitioned to permanent positions. The A22 PAR document will reflect a "P" in Item 410 to show that the individual was transitioned to a permanent position.

3. Limited Term

With the consent of the individual, LEAP candidates who have passed the JEP may be transitioned to limited-term positions. When this happens, the candidate's name remains active on the LEAP referral list for a permanent appointment for as long as they continue to have list eligibility. Once the individual has passed the JEP and has been transitioned to a limited-term position, he or she may be reappointed (a second A22) to a permanent position in the same civil service class as long as he or she still has eligibility on the LEAP referral list.

In order to change the tenure from limited term to permanent, the department must submit a request in writing to the Statewide LEAP Coordinator, at the Board. The request must include the name of the employee, class title, the old tenure, the new tenure, the effective date for the requested change, and a copy of the Approval Memo for the first appointment to the parallel class. A sample memo has been prepared for departments to use when submitting a request for a change in tenure (see Appendix L).

The Statewide LEAP Coordinator, at the Board, will verify that the individual has passed the JEP for the identified class and either approve or deny the department request. If the request is approved, the department will process an A22 PAR document appointing the individual to the permanent position.

Authority: Government Code Section 19242.4 and CCR Section 547.56

5.4 TIME BASE

1. Full Time (FT)

All persons on a LEAP Candidate referral list are eligible for FT employment. They may or may not be appointed FT depending on the needs of the department and the preference of the individual.

2. Part Time (PT) and Intermittent (INT)

All persons on a LEAP candidate referral list are eligible for a full-time appointment, accordingly, an individual who is appointed from a LEAP referral list to less than FT (e.g., PT or INT) may have their time base increased at the discretion of the department and with the consent of the employee to FT [CCR Section 277(a)(2)]. To increase the individual's time base while the individual is either temporary in the LEAP Candidate (Identified Class) or limited term or permanent after the transition (A22) to the parallel civil service class, the department has to verify that the individual was appointed from a LEAP list. Since "Rule of the List" applies for LEAP, departments need only process a "405" PAR transaction.

5.5 TRANSFERS

Transfers are not allowed between LEAP Candidate Identified Classes. Once the LEAP appointee has been transitioned (A22) to a permanent position in the parallel class, he or she has transfer eligibility the same as all other permanent civil service employees.

Authority: CCR Sections 433 and 434

5.6 RESTORATION OF NAME TO A LEAP LIST FOLLOWING REJECTION DURING PROBATION OR JOB EXAMINATION PERIOD

Following transition from LEAP to the parallel civil service class, the employee serves the regular probationary period for the class. If the employee is rejected during the probationary period, he or she may request, in writing, that his or her name be restored to active status on the LEAP list for the remaining period of his or her eligibility. The department must include this information in the formal written notification informing the employee of rejection during probation or JEP.

Authority: CCR Section 547.57 (f)

SECTION 6

THE TERMINATION PROCESS

6.1 REQUIREMENTS FOR TERMINATION

"Upon unsuccessful completion of the JEP, the department may terminate the appointment of the candidate in accordance with board rule" (Government Code Section 19243.4). Pursuant to CCR Section 547.57(a) LEAP candidate's appointment may be terminated during or upon completion of the JEP by the department, if the LEAP candidate does not satisfactorily demonstrate the level of knowledge, skill, and ability required to effectively perform the duties of the parallel class.

In taking such an action, the department shall give written notice at least five (5) working days prior to the effective date of the termination, setting forth the reasons for termination, the right to respond to the appointing power, and the right to appeal the action to the Board under the provisions of *CCR Sections 51-54.2 [see CCR Section 547.57(b)]*.

6.2 REASONABLE ACCOMMODATION CONSIDERATION BEFORE TERMINATION

When considering the termination of a candidate for unsatisfactory performance, the supervisor must ensure that the cause of the problem is not due to the failure to provide reasonable accommodation. Reasonable accommodations must be considered prior to concluding that a candidate is unable to perform the work of his or her position. (Refer to "Request for Reasonable Accommodation", Section 3.6, p 10)

Authority: Government Code Section 19230 (c)

6.3 INSTRUCTIONS FOR TERMINATING LEAP CANDIDATES DURING THE JEP

If the department has made a decision to terminate a candidate, the supervisor must complete a final SPB 273 form documenting performance problems and recommend termination of the JEP for the LEAP candidate, using the following steps:

- 1. The supervisor must check "No" in the final evaluation section of the form 273, and his or her comments must include justification for the termination.
- 2. The supervisor must keep a copy, provide a copy to the LEAP candidate and submit the original to the Departmental LEAP Coordinator.

3. The Departmental LEAP Coordinator will submit a signed cover memo, the final evaluation, and monthly evaluations to the Statewide LEAP Coordinator, at the Board, as notification of action taken.

(Note: Termination of a LEAP candidate does not require approval by the Board)

4. The Statewide LEAP Coordinator at the Board, will review the form SPB 273 to ensure the candidate has received a fair evaluation. If there are questions (e.g., it appears the department did not provide reasonable accommodation), the Statewide LEAP Coordinator, at the Board, will raise the question(s) with the department. The Statewide LEAP Coordinator at the Board may suggest an extension of the JEP to provide time for the department to respond to the questions and provide, if necessary, reasonable accommodation. If it appears the candidate received a fair evaluation, the Statewide LEAP Coordinator at the Board will return a "Letter of Receipt of Notification" to the department (see Appendix M for sample letter).

Actions to terminate a LEAP candidate must be taken within 30 days following the last day of the JEP. If an agency fails to take action within this time period, it shall be presumed that the candidate has passed the examination and he or she must be appointed to the parallel class [Government Code Section 19242.9 and CCR Section 547.56(b).] Refer to Section 5, "Transition Process", pp 24-27, for procedures to appoint a candidate to the parallel class.

Authority: Government Code Section 19243.4 and CCR Section 547.57

6.4 RESIGNATION WITHOUT FAULT - VOLUNTARY RESIGNATION ("SO I")

If the LEAP candidate voluntarily resigns, the department must complete a PAR using Transaction Code "SOI", Resignation Without Fault (PAM 3.204 and 3.205). (See Appendix P, Sample PAR for LEAP Resignation Without Fault - Voluntary Resignation)

<u>Item</u>	<u>Enter</u>
205 (Transaction Code)	"S01"
603 (Reason for Separation)	Must be completed.
606 (Time To Be Paid)	Must be completed.
710 (Intermittent Hours)	If intermittent employee, must be
	completed.

6.5 TERMINATION WITHOUT FAULT ("S31")

When a LEAP candidate has not successfully performed the duties and responsibilities during or upon completion of the JEP, the department must complete a PAR using Transaction Code "S31", "Termination Without Fault" (PAM 3.220 and 3.221). Work performed during the JEP is considered a performance test and failure to perform satisfactorily should not penalize the individual from taking other examinations in the future. The Board will restore the name of any person to the active LEAP Referral List for the remaining period of eligibility upon written notification from the candidate [see Section 7.1 (p 34) for appeal rights of a candidate]. "Termination without fault" is also used when the individual cannot perform the required duties for medical reasons. (See Appendix Q, Sample PAR for LEAP Termination Without Fault)

<u>Item</u>	<u>Enter</u>
205 (Transaction Code)	"S31"
606 (Time To Be Paid)	Must be completed.
710 (Intermittent Hours)	If intermittent employee, must be completed.

6.6 TERMINATION WITH FAULT ("S40")

When a LEAP candidate, who does not have current civil service status, has engaged in inappropriate behavior serious enough to warrant severe disciplinary action as defined in *Government Code Section 19572*, the LEAP candidate should be separated for cause. The department must complete a PAR using Transaction Code "S40", "Termination With Fault" (PAM 3.226 and 3.227). (See Appendix R, Sample PAR for LEAP Termination With Fault)

<u>Item</u>	<u>Enter</u>
205 (Transaction Code)	"S40"
606 (Time To Be Paid)	Must be completed.
710 (Intermittent Hours)	If intermittent employee, must be completed.
Line 10 (Backup Information)	"X" required in "On File for Audit"

6.7 DISMISSAL ("S41")

When a LEAP candidate, who has current civil service status, has engaged in inappropriate behavior serious enough to warrant severe disciplinary action as defined in *Government Code Section 19572*, the LEAP candidate should be dismissed (S41) and must be provided with the due process specified in *Government Code Sections 19570-19589*.

6.8 RESTORATION OF NAMES TO LEAP LISTS FOLLOWING TERMINATION

Upon written notification from a LEAP candidate terminated without fault (S31), the Board will restore his or her name to the active status on that LEAP Referral List for the remaining period of eligibility. The department must provide the candidate with this information in the Notice of Termination letter.

The names of LEAP candidates terminated with fault (S40) shall not be restored to active status on that LEAP Referral List without the consent of the Executive Officer.

The names of LEAP candidates dismissed (S41) shall not be restored to the list; however, the provisions of *CCR 211* apply.

6.9 RIGHT OF RETURN TO FORMER POSITION

A State employee, who has attained permanent civil service status prior to accepting a LEAP appointment, who does not successfully complete the JEP in the LEAP Candidate identified class, and who is terminated without fault (S31) has the right to return to his or her former position as provided by *Government Code Section 19140.5*.

It is the responsibility of the employee to inform the former appointing power within 10 working days after the effective date of the termination of his or her intent to exercise mandatory reinstatement rights. At the time an employee is notified of his or her termination, he or she must also be informed of all reinstatement options, how to pursue each option, and the specific time limits for exercising the options (*PMPP Manual Section 312*).

A State employee, who has attained permanent civil service status prior to accepting a LEAP appointment and is dismissed under *Government Code Sections* 19570-19589 (S41), does not have a right of return.

6.10 ILLEGAL APPOINTMENTS

On occasion, after a job offer has been made or after an individual has been appointed to the LEAP Candidate identified class by the department, something is discovered or occurs that makes the appointment to the LEAP Candidate identified class illegal. Before a decision is made not to hire the individual, or to terminate the candidate's JEP, the department must consult with the Board's personnel analyst that has functional responsibility for illegal appointments in the Policy Division and the Statewide LEAP Coordinator, at the Board, to discuss the situation. After review of the facts, if the department concludes that an illegal LEAP appointment was made, the department must terminate the individual without fault (S31) using the method described in *PMPP Manual, Section 395.17* "Cancellation of Temporary Appointments". Since a TAU does not provide the candidate with status in or rights to the class, the TAU appointment can be terminated by the department at any time without any further involvement of the Board. The candidate has the right to appeal his or her LEAP termination under *Government Code Section 19244(e)*, (See "Termination During a Job Examination Period", Section 7.6, p 36).

Consideration must be given to circumstances that make the appointment illegal, before deciding upon a course of action. In addition, the affected individual should be notified as soon as possible that there is a problem. He or she may then take appropriate actions to correct the situation or minimize the impact of the decision (see "Termination Without Fault", Section 6.5, p 30).

Many things could happen which might warrant not appointing the candidate, or the termination of the LEAP JEP. The following are some examples:

1. **PROBLEM:** After a job offer was made, it is discovered that the candidate does not have eligibility on the appropriate LEAP Referral List (candidate does have the required LEAP Certification form from the California Department of Rehabilitation, but did not take the LEAP exam).

POSSIBLE SOLUTION: It is important that all supervisors ensure candidates are on the appropriate LEAP Referral List before conducting a hiring interview. In this instance, the department should not put the person to work, but check to see if the person has other eligibility. Also, see how quickly the person might be examined through LEAP or the parallel exam process.

2. **PROBLEM:** After completing the JEP, it is discovered that the candidate does not have the required written verification from the California Department of Rehabilitation certifying that the candidate has a qualifying disability (LEAP Certification is not on file for the individual).

POSSIBLE SOLUTION: The individual should be instructed to contact the California Department of Rehabilitation to obtain a LEAP certificate. If the Rehabilitation Counselor determines that the individual does not have a qualifying disability, he or she may appeal (Refer to "Refusal to Certify Eligibility", Section 7.2, p 34). If the person is not eligible for LEAP, he or she cannot be transitioned to the parallel class and the TAU LEAP appointment must be terminated without fault (S31).

3. **PROBLEM:** Board staff permits a person to compete in a LEAP examination when the individual applied for the parallel class, and that person is later appointed from the LEAP Referral List (individual is not disabled and does not have LEAP eligibility).

POSSIBLE SOLUTION: If the regular exam had already been given, the Board should reschedule the individual to take the parallel civil service exam as soon as possible and his or her name should be merged on the existing parallel civil service list. The Board will immediately remove his or her name from the LEAP list. If the person is not eligible for LEAP, he or she cannot be transitioned to the parallel class and the TAU LEAP appointment must be terminated without fault (S31).

4. **PROBLEM:** It is discovered during the State Medical Officer's review of the candidate's medical information that the candidate does not have a qualifying disability for LEAP under the ADA.

POSSIBLE SOLUTION: When the State Medical Officer discovers that a candidate does not have a qualifying disability, the Medical Officer will withdraw certification of LEAP eligibility and prepare a letter explaining why the person does not meet eligibility criteria for LEAP, and that the TAU JEP appointment must be terminated in accordance with CCR Section 547.57. Copies of this letter will be provided to the individual, the appropriate departmental personnel office, and the Statewide LEAP Coordinator, at the Board.

Authority: CCR Section 547.51

SECTION 7

LEAP APPEAL PROCESS

7.1 LEAP CANDIDATE'S APPEAL RIGHTS

While LEAP is somewhat different from the traditional selection process, the rights of LEAP candidates are protected in the same way. LEAP candidates may appeal the following actions (Government Code Section 19244):

- (a) A refusal to certify eligibility to participate in the program.
- (b) A rejection of an applicant to participate in the examination.
- (c) A disqualification by an interview panel or by any other selection method used.
- (d) A denial of a request for reasonable accommodation during the JEP.
- (e) A termination of an appointment during the JEP.

7.2 REFUSAL TO CERTIFY ELIGIBILITY TO PARTICIPATE IN LEAP

The refusal to certify eligibility to participate in LEAP by the Department of Rehabilitation may be appealed directly to the Board's Executive Officer in accordance with CCR Section 547.51 (b). The individual must send a written request along with medical evidence of his or her disability to the Board. This request shall contain the reasons for the appeal and reasons why the individual thinks the decision should be changed.

The Board will review the medical evidence to determine the individual's eligibility for LEAP and will respond within 30 days from the time the request is received:

- 1. If the decision is that the person meets the eligibility criteria for LEAP, a signed LEAP Certification form will be mailed to the individual.
- 2. If the decision is that the person does not meet eligibility criteria for LEAP, a written notification of the decision will be mailed to the individual.

Authority: Government Code Section 19244 (a)

7.3 REJECTION OF AN APPLICATION TO PARTICIPATE IN A LEAP EXAMINATION

Individuals may file a written appeal with the Board's Appeals Division within 30 days of notification that their application was not accepted for failure to meet the minimum qualification (education and experience) requirements for participation in the LEAP examination.

Authority: Government Code Section 19244 (b) and CCR Section 547.51

7.4 DISQUALIFICATION FROM THE LEAP READINESS EVALUATION

Individuals who are not successful for the LEAP Readiness Evaluation and were disqualified may file a written appeal. Such appeals must be mailed to the Board's Appeals Division within 30 days following receipt of the notice of disqualification.

Authority: Government Code Section 19244 (c) and CCR Section 547.52

7.5 DEPARTMENT DENIES REASONABLE ACCOMMODATION DURING THE JEP

A LEAP candidate may request reasonable accommodation during the JEP. A request should be submitted in writing to the supervisor. The request should indicate the specific accommodation requested, the medical, physical, or emotional limitation which necessitates the accommodation, and an explanation of how the accommodation will allow the individual to perform the essential functions of the job. If the accommodation entails the purchase of special equipment or devices, it would be helpful if the candidate can identify the cost, source, and/or method for obtaining the equipment or device.

The department must provide the candidate with a response within 20 working days from the date of request. When reasonable accommodation is not made, the department must respond in writing and include a description of the individual's appeal rights. If the department denies reasonable accommodation or 20 working days have elapsed without approval, the LEAP candidate may appeal directly to the Board's Appeals Division. Such appeals must be within 30 days of expiration of the 20 days or notice of departmental decision. The Appeals Division will immediately notify the department and request a written statement of the denial. (See "Guide for Implementing Reasonable Accommodation", p 22)

Authority: Government Code Section 19244 (d)

7.6 TERMINATION DURING A JOB EXAMINATION PERIOD

A LEAP candidate whose appointment is terminated from the program for (1) failure to satisfactorily demonstrate job performance, (2) cause, or (3) failure to meet the conditions for appointment provided in *CCR Section 547.53* may file a written appeal of the termination. Such appeals must be mailed to the Board's Appeals Division within 30 days following receipt of the notice of termination (refer to "Termination Process", Section 6, pp 28-33). [Government Code Section 19244(e) and CCR Section 547.57]

Laws Governing The CHAPTER 5.5 LIMITED EXAMINATION AND APPOINTMENT PROGRAM

Article 1. General

- 19240. The State Personnel Board shall be responsible for the Limited Examination and Appointment Program. This program shall provide an alternative to the traditional civil service examination and appointment process to facilitate the hiring of persons with disabilities in the state civil service where accommodation can be provided and where prohibitive physical requirements are not mandated by the board.
- 19241. The board shall establish rules and procedures for the implementation of this chapter, which may provide for the establishment of eligibility criteria for participation, special job classifications, examination techniques, and appointment and appeals procedures.

Article 2. Examinations and Appointments

19242. The board or its designee shall conduct competitive examinations to determine the qualifications and readiness of persons with disabilities for state employment. The examinations may include an on the-job-performance evaluation and any other selection techniques deemed appropriate by the board. Examination results may be ranked or unranked.

(Amended by Stats. 1990, Ch. 478.)

19242.1. An appointment to a position for the purpose of completing a job performance evaluation shall be known as an examination appointment.

(Added by Stats. 1990, Ch. 478)

19242.2. The board or its designee shall refer the names of persons with disabilities who meet eligibility criteria for participation and the minimum qualifications of the job classification and any other requirements deemed appropriate by the board to appointing powers for examination appointments. Notwithstanding any other provision of law, and to provide for appropriate jobperson placement, all candidates meeting referral requirements shall be eligible for examination appointment. The board shall prescribe by rule the method for referring names to appointing powers.

(Amended by Stats. 1990, Ch. 478.)

- 19242.4. All examination appointments to positions under the Limited Examination and Appointment Program shall be made on a temporary and provisional basis to allow candidates to demonstrate their ability to perform the duties of the position. The term of the appointment shall be known as the job examination period and its duration shall be determined by board rule.
- 19242.6. Candidates serving in positions under the Limited Examination and Appointment Program shall not acquire permanent civil service status but shall receive the same salary and benefits to which other state employees in temporary positions are entitled.

- 19242.8 The board or its designee shall develop evaluation standards which are appropriate tests of fitness for the job classification. During the job examination period, the appointing power shall prepare written evaluations of the candidate's performance in accordance with board rule. The final evaluation shall contain a recommendation as to whether or note to appoint the candidate to an appropriate position where civil service status may accumulate.
- 19242.9. Upon failure of the appointing power to terminate the appointment of the candidate within 30 days following the end of the job examination period, it shall be presumed that the candidate has qualified in the examination.
- 19243. Upon successful completion of the job examination period, the candidate shall have qualified in the examination. With the approval of the board, the appointing power may appoint the candidate, without further examination, to an appropriate position where civil service status may accumulate.
- 19243.2. With the approval of the board, the appointing power may shorten or extend the duration of the job examination period.
- 19243.4. Upon unsuccessful completion of the job examination period, the appointing power may terminate the appointment of the candidate in accordance with board rule.

Article 3. Appeals

- 19244. Applicants for and candidates in the Limited Examination and Appointment Program examination process may appeal in accordance with board rule any of the following actions.
- (a) A refusal to certify eligibility to participate in the program.
- (b) A rejection of an application to participate in an examination.
- (c) A disqualification by an interview panel or by any other selection method used.
- (d) A denial of a request for reasonable accommodation during the job examination period.
- (e) A termination of an appointment of a candidate during a job examination period.

(Amended by Stats. 1990, Ch. 478.)

New Language to be Changed to comply with Fair Employment & Housing Act (FEHA) under California Code of Regulations Section 470.1 Definition

[&]quot;Individual with a Disability" means, with respect to an individual:

- 1) having a physical or mental impairment or medical condition that limits one or more major life activities;
- 2) has a record or history of such impairment or medical condition; or
- 3) is regarded as having such an impairment or medical condition.

Title 2

State Personnel Board

Article 28. Limited Examination and Appointment Program

§ 547.50. Scope.

- (a) This article shall apply to the alternative category of civil service examination and appointment established for the hiring of individuals with disabilities defined by Section 10. For purposes of this article, the alternative category shall be known as the "Limited Examination and Appointment Program" and referred to as LEAP in the remainder of this article.
- (b) Participants in LEAP who receive a temporary appointment to a job classification established to assess their ability to perform in the regular civil service class shall have the same status as regular civil service employees with temporary appointments.
- (c) All board regulations shall apply to persons participating in LEAP unless such regulations are in conflict with regulations in this article. If there is such a conflict, the regulations in this article shall apply.

Note: Authority cited: Sections 18701 and 19241, Government Code. Reference: Section 19240-19244, Government Code; and Public Health and Welfare Code, Title 42, Chapter 126, Sections 12101-12117 (American with Disabilities Act of 1990. [ADA]).

HISTORY

- 1. New section filed 5-17-89; operative 6-1-89 (Register 89, No. 21).
- 2. Change with regulatory effect amending subsections (a) and (c) filed 9-16-92 pursuant to section 100, title 1, California Code of Regulations (Register 92, No. 39).
- 3. Amendment of subsection (a) and NOTE filed 10-20-94; operative 11-21-94 (Register 94, No. 42).

§547.51. LEAP Eligibility Criteria

- (a) Only those applicants who possess the following shall be eligible to participate in the LEAP process:
- 1) Written Verification from the California Department of Rehabilitation certifying that the applicant meets the definition of an individual with a disability contained in Section 10; and

- 2) The education and experience requirements established by the board for participation in a LEAP classification examination.
- (b) Where there is disagreement concerning the applicant's medical qualifications to be LEAP certified as specified in Section (a)(1), the executive officer shall determine the appropriateness of the certification based on the medical evidence submitted.

NOTE: Authority cited: Sections 18701 and 19421, Government Code. Reference: Sections 18931, 19241 and 19242.2, Government Code; and Public Health and Welfare Code, Title 42, Chapter 126, Sections 12101-12117 (Americans with Disabilities Act of 1990 [ADA]).

HISTORY

- 1) New Section filed 5-17-89; operative 6-1-89 (Register 89, No21),
- 2) Amendment filed 2-21-92; operative 3-23-92 (Register 92, No. 12).
- 3) Change without regulatory effect amending subsection (a) filed 9-16-92 pursuant to section 100, title 1, California Code of Regulations (Register 92, No. 39).
- 4) Amendment of subsection (a)(1) and NOTE filed 10-20-94; operative 11-21-94 (Register 94, No. 42).

§ 547.52. LEAP Readiness Evaluations.

The education, experience and personal qualifications LEAP applicants who meet the eligibility requirements of Section 547.51 shall be evaluated by competitive examination to determine readiness for appointment. Those applicants who are ready for immediate employment in a LEAP classification shall be placed on the referral list specified in Government Code Section 19242.2.

NOTE: Authority cited: Section 18701 and 19241, Government Code. Reference: Sections 19242 and 19242.2, Government Code.

HISTORY

- 1) New section filed 5-17-89; operative 6-1-89 (Register 89, No. 21).
- 2) Change with out regulatory effect amending section filed 9-16-92 pursuant to section 100, title 1, California Code of Regulations (Register 92, No. 39).
- 3) Amendment of section heading and section filed 7-14-98; operative 7-14-98 pursuant to Government Code section 11343.4 (d) (Register 98, No. 29).

§ 547.53. Appointment to a LEAP Classification

- a) Appointment to a LEAP classification shall be restricted to those who meet the criteria in Sections 547.51 and 547.52 and who are selected from a referral list as described in Section 19242.2, Government Code.
- b) LEAP eligibles shall remain on the referral list until they are appointed from the list or the list is abolished.

NOTE: Authority cited: Section 18701 and 19241, Government Code. Reference: Section 19242.4, Government Code.

HISTORY

- 1) New section filed 5-17-89; operative 6-1-89 (Register 89, No. 21).
- 2) Change without regulatory effect amending subsection (a) filed 9-16-92 pursuant to section 100, title 1, California Code of Regulations (Register 92, No. 39).

§ 547.54 LEAP Job Examination Period.

- a) Appointment to a LEAP classification constitutes the beginning of a LEAP job examination period. The length of the LEAP job examination period shall be one-third the length of the probationary period of the permanent civil service class to which it is expected that the LEAP candidate will be appointed upon satisfactory completion of the LEAP job examination period unless extended under the provisions of Section 547.55 (a) or reduced under the provisions of Section 547.55 (b).
- b) Each LEAP candidate, upon appointment, shall be provided by the appointing power with written information which shall identify the specific knowledge, skills and abilities that are to be assessed in order to determine during the LEAP job examination period the candidate's ability to perform the duties of the permanent civil service classification to which appointment is sought.
- c) The executive officer shall determine the appropriate test of fitness for each LEAP classification. This test of fitness shall provide the LEAP candidates with sufficient opportunity to demonstrate that they possess the satisfactory level of knowledge, skill and ability to effectively perform the duties of the regular civil service classification to which appointment is sought.
- d) During the prescribed LEAP job examination period, the appointing power shall evaluate each LEAP candidate's ability to perform satisfactorily the duties of the regular civil service classification to which appointment is sought. LEAP candidate shall receive a written report of evaluation from the appointing power no less than once every four weeks.

NOTE: Authority cited: Sections 18701 and 19241, Government Code. Reference: Sections 19242.4 and 19242.8, Government Code.

HISTORY

- 1) New section filed 5-17-89; operative 6-1-89 (Register 89, No. 21).
- 2) Change without regulatory effect amending subsection (a) filed 9-16-92 pursuant to section 100, title 1, California Code of Regulations (Register 92, No. 39).

§ 547.55. Extension or Reduction in Job Examination Period.

- a) When the executive officer determines that the LEAP candidate has not been given the opportunity to demonstrate knowledge, skill and ability in a specific area identified in Section 547.54(b), the LEAP job examination period shall be extended for a period determined appropriate by the executive officer. Such extensions shall not result in the appointment exceeding the nine-month limit specified in Article VII of the State Constitution.
- b) The LEAP job examination period specified in Section 547.54(a) shall be reduced if the executive officer determines that all of the following apply:
- 1) The LEAP candidate held a position in state civil service during twelve-month period prior to the effective date of the LEAP appointment; and

- 2) The duties performed in the position in (1) above were equivalent in level of responsibility and requirements of knowledge, skills and abilities to the duties of the position to which the LEAP candidate will be appointed upon completion of the LEAP job examination period; and
- 3) The position in (1) above was held by the LEAP candidate for a period of time that equals or exceeds the LEAP job examination period specified in Section 547.54(a); and
- 4) The LEAP candidate has written evidence of satisfactory performance in all aspects of the position in (1) above; and
- 5) The LEAP candidate's current appointing power requests that the LEAP job examination period be reduced.
- c) If all conditions specified in (b) above are met, the job examination period shall be reduced to a period determined appropriate by the executive officer.

NOTE: Authority cited: Sections 18701 and 19241, Government Code. Reference Sections 19242.4 and 19243.2, Government Code.

HISTORY

New section filed 5-17-89; operative 6-1-89 (Register 89, No. 21).

Change without regulatory effect amending section heading and subsections (a), (b) and (b)(3) filed 9-16-92 pursuant to section 100, title 1, California Code of Regulations (Register 92, No. 39).

§ 547.56. Transition from LEAP Position to Regular Civil Service Position.

- (a) The executive officer shall approve the LEAP candidate appointment to the regular civil service classification that corresponds to the LEAP classification if the following conditions are met:
- 1) The job examination period specified in Section 547.54(a) has been successfully completed; and
- 2) The appointing power submits verification to the executive officer that the LEAP candidate has successfully completed the LEAP job examination period.
- (b) If, within 30 days of the end of the job examination period, the appointing power does not either extend the candidate's job examination period in accordance with Government Code Section 19243.2 or terminate the candidate's appointment in accordance with Government Code Section 19243.4, the candidate shall be presumed to have qualified in the examination and shall be appointed to the regular civil service classification effective the day following the last day of the job examination period.

NOTE: Authority cited: Sections 18701 and 19241, Government Code. Reference: Sections 19242.9, 19243, 19243.2, and 19243.4, Government Code.

HISTORY

- 1) New section filed 5-17-89; operative 6-1-89 (Register 89, No. 21).
- 2) Amendment of subsection (a)(1), (b) and NOTE filed 2-21-92; operative 3-23-92 (Register 92, No. 12).
- 3) Change without regulatory effect amending subsection (a)(1) filed 9-16-92 pursuant to section 100, title 1, California Code of Regulations (Register 92, No. 39).

§ 547.57. Termination During Job Examination Period

- a) A LEAP candidate's appointment shall be terminated by the appointing power during or no later than 30 days following completion of the LEAP job examination period for failure to meet conditions for appointment provided in Section 547.53; failure to satisfactorily demonstrate the level of knowledge, skill and ability required by Section 547.54; for other reasons relating to the candidate's qualifications; for the good of the service; or for failure to demonstrate merit, efficiency, fitness including medical condition, or moral responsibility; but he or she shall not be terminated for any cause constituting prohibited discrimination as set forth in Government Code Sections 19700 to 19703, inclusive.
- b) A LEAP candidate whose appointment is terminated shall be given written notice by the appointing power of the proposed action at least five working days prior to the effective date of the termination. Such notice shall specify the reasons for the termination, the right to respond to the appointing power and the right to appeal the action to the State Personnel Board under the provisions of Sections 51-54.2.
- c) An appeal from termination shall be assigned to the hearing office process as defined in Section 52. The provisions of Government Code Sections 19574.1, 19574.2, 19579, 19580, 19581, and 19581.5 shall apply in the disposition of an appeal.
- d) To resolve the appeal, the board shall do one of the following:
- 1) Affirm the action of the appointing power.
- 2) Modify the action of the appointing power.
- 3) Restore the name of the appellant to the LEAP referral list from which appointed.
- 4) Restore the appellant to the position from which he or she was terminated, this shall be done only if the board determines, after hearing, that there is no substantial evidence to support the reason or reasons for termination, or that the termination was made in fraud or bad faith. At any such hearing, the appellant shall have the burden of proof; subject to rebuttal by him or her, it shall be presumed that the termination was free from fraud and bad faith and that the statement of reasons therefor in the notice of termination is true.
- e) If the board restores a terminated LEAP candidate to his or her position, it shall direct the payment of salary to the employee for such period of time as the termination was improperly in effect as prescribed in Government Code Section 19180.
- f) The board, by decision or upon written request of a LEAP candidate whose appointment is terminated for reasons relating to the LEAP candidate's ability to demonstrate the knowledge, skill, and ability required by Section 547.54 and who is legally eligible for appointment in accordance with Section 547.53, shall restore the name of the LEAP candidate to the LEAP referral list from which appointed for the remaining period of eligibility.

NOTE: Authority cited; Sections 18701 and 19241, Government Code. Reference: Sections 19180, 19243.4, 19244, 19574.1, 19574.2, 16579, 19580, 19581, and 19581.5, Government Code.

HISTORY

- 1) New section filed 5-17-89; operative 6-1-89 (Register 89, No. 21).
- 2) Amendment filed 2-21-92; operative 3-23-92 (Register 92, No. 12).
- 3) Change without regulatory effect amending section filed 9-16-92 pursuant to section 100, title 1, California Code of Regulations (Register 92, No. 39).

APPENDIX A

Flow Chart and a Brief Description of the LEAP Selection Process

Click on the link below to view Appendix A in Adobe Acrobat Reader format.

http://www.spb.ca.gov/svcgen/appendixA.pdf

LEAP SELECTION PROCESS

The LEAP selection process is a two-part examination consisting of a readiness evaluation and an on-the-job examination.

RECRUITMENT

1. General Publicity

Individual obtains a LEAP Brochure that includes a list of LEAP job titles from the SPB or other recruitment sources. Individual also obtains appropriate LEAP examination announcements and State application forms.

Other recruitment sources include the Department of Rehabilitation, the Employment Development Department, two-year and four-year colleges, veteran organizations, and community organizations serving persons with disabilities.

2. <u>Disability Certification</u>

Individual gets letter from doctor and contacts the nearest Department of Rehabilitation office to schedule appointment for LEAP certification.

If the individual has a qualifying disability, the Rehabilitation Counselor certifies eligibility for LEAP and signs the LEAP certification form for the individual.

If the individual does not have a qualifying disability, the Rehabilitation Counselor will explain why the individual is not eligible for LEAP.

Individual may appeal the Rehabilitation Counselor's refusal to certify eligibility for LEAP to the LEAP Coordinator in the Department of Rehabilitation. The LEAP Coordinator will review medical evidence of a disability and sign the LEAP certification form if the individual is eligible. If the person does not meet eligibility criteria for LEAP, a written notification will be mailed to the individual. The notification must inform the individual that he or she may file a written appeal with the State Personnel Board's Appeal Division within 30 days after receiving the notice.

3. Application for Job Classification

Applicant completes a State application form, attaches a copy of the LEAP Certification form, and submits them to the appropriate LEAP testing office for each job classification.

READINESS EVALUATION

4. <u>Application Review</u>

Staff in the testing office review applications to determine if applicants meet minimum qualifications for each job classification and have a LEAP Certification form.

If applications are accepted, applicants are scheduled for a readiness evaluation.

If applicants are rejected, applicants are notified and given a reason for the rejection.

Applicants may appeal rejection of his or her application. Applicants may only need to provide additional information to be admitted to the readiness evaluation interview. Applicants may need to submit a formal appeal to the SPB Appeals Division. Decision of the five-Member Board is final.

5. Readiness Evaluation

Applicants who meet the education, experience and personal qualifications of LEAP shall be evaluated by a competitive examination to determine readiness for appointment. Those applicants who are ready for immediate employment in a LEAP classification shall be placed on the referral list. Applicants will receive a "Notice of Results" within 6 to 8 weeks.

If applicants are successful, their names are placed on the appropriate LEAP referral list.

If applicants are not successful, they may reapply for the readiness evaluation after one year. Applicants may be scheduled for a readiness evaluation for each class only once during any 24 month period.

Applicants may appeal disqualification from the readiness evaluation. Applicants will need to submit a formal appeal to the SPB Appeals Division. Decision of the five-Member Board is final.

6. Referral List

Candidates on LEAP referral lists are eligible for employment for 24 months. Candidates who want to maintain their eligibility beyond 24 months must reapply for a readiness evaluation before the end of 24 months.

ON-THE-JOB-EXAMINATION

7. Referral Contacts

Departmental staff will identify vacant positions in classes which have LEAP Candidate lists. LEAP is only one of the options available to departments for filling positions. Staff may order LEAP certification lists through the automated certification system, which will automatically issue a LEAP referral list or by contacting staff in SPB's Certification Unit.

"Rule of the List" allows departments to consider any candidate on a LEAP list. "Rule of the List" also allows LEAP candidates the opportunity to apply directly to departments for consideration when vacancies occur.

Departmental staff may contact candidates by telephone or by sending them an "Employment Inquiry". Candidates who respond may be scheduled for a selection interview.

Staff may request that names be placed inactive on a particular list when candidates do not respond to contacts. Candidates will be notified of this type of action. Any candidate may send a letter to the SPB Certification Unit to have their name placed inactive, or active again, during their 24 months of eligibility on a LEAP list.

8. Selection Interview

Department staff conduct selection interviews for the individuals scheduled. This may include LEAP candidates, non LEAP applicants, or a combination of both.

Departments may test for proficiency skills required for a job classification during the selection interview process or during the on-the-job examination.

When a department gives the proficiency test during the selection interview process and a candidate does not pass, the department may inform the SPB certification staff to withhold the candidate from referral to that department only. Candidates will be notified of this type of action. Candidates may have the withhold removed by sending a request with a copy of a certificate of proficiency to the SPB Certification Unit.

Staff may request that names by placed inactive on a particular list when candidates do not appear for a scheduled interview. Candidates will be notified of this type of action. Any candidate may send a letter to the SPB Certification Unit to be placed inactive, or active again, during their 24 months of eligibility on a LEAP list.

9. On-The-Job Examination

Departmental staff will select an individual and make an offer of employment. If the individual accepts the offer and completes the medical clearance process successfully, staff will appoint the individual to the LEAP Candidate class. As a LEAP candidate, the new employee has temporary status during an on-the-job examination.

The supervisor will assess the skills and abilities of the LEAP candidate during the on-thejob examination. Monthly evaluations will be based on the critical class requirements of the job classification.

The supervisor will evaluate the LEAP candidate for one-third of the length of probation for the job classification. A candidate who works less than a 40-hour week will be evaluated for the equivalent amount of time as one who does work a 40-hour week. The supervisor may request an extension of time or reduction in time. Such requests will be submitted by the departmental LEAP coordinator to the Statewide LEAP Coordinator at SPB.

The supervisor may discuss the need for reasonable accommodations to assist the candidate in performing the essential functions of the job classification.

If a reasonable accommodation is needed, the department will provide the accommodation and the supervisor will evaluate performance of the candidate after the accommodation has been made.

If a request for accommodation is refused, the department will explain the reasons for not providing accommodations.

Candidates may appeal refusal to provide reasonable accommodations. Candidates will need to submit a formal appeal to the SPB Appeals Division. Decision of the five-Member Board is final.

10. Final Evaluation

Supervisors will submit a final evaluation to the departmental LEAP coordinator with a recommendation to appoint a candidate to the parallel class or to terminate a candidate. The coordinator will review the evaluations and submit the decision of the department with all of the evaluations to the Statewide LEAP Coordinator at SPB.

If the request to transition the candidate to the parallel civil service class is appropriate, the Statewide LEAP Coordinator at SPB sends an approval memo for the department to keep on file for audit and a copy for the candidate as proof of completing the on-the-job examination.

If the decision is to terminate the candidate, the department will give the candidate five days notice prior to the effective date of the termination. The Statewide LEAP Coordinator at SPB will send a memo acknowledging the notice of termination for the department to keep on file for audit.

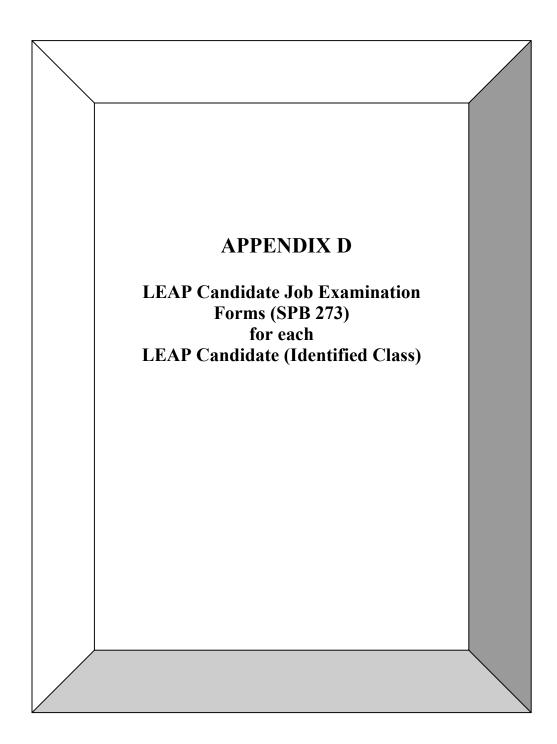
Candidates may appeal the termination from an on-the-job examination. Applicants will need to submit a formal appeal to the SPB Appeals Division. Decision of the five-Member Board is final. Names of candidates may be placed back on the LEAP list.

11. Appointment to Job Classification

Department staff will appoint successful candidates to the parallel class. The candidates will begin their probationary period as a civil service employee.

APPENDIX B Sample "LEAP" Certification" Form Click on the link below to view Appendix B in Adobe Acrobat Reader format. http://www.spb.ca.gov/svcgen/appendixB.pdf

APPENDIX C Classes Approved for LEAP Click on the link below to view Appendix C in Adobe Acrobat Reader format. http://www.spb.ca.gov/svcgen/appendixC.pdf



California State Personnel Board

LEAP CANDIDATE JOB EXAMINATION SPB 273-12 (7/01)

	Date:		
Department:	Work Loca	Work Location (County):	
Name of Leap Candidate:	Social Secu	urity Numbe	er:
Class Title: Leap Candidate [ACADEMIC TEACHER (VARIOUS SPECIALTIES)]		Full Ti	
Date of Appointment to LEAP Candidate Class:	Expected C (MM/DD	Completion (D/YY)	Date
Supervisor:	Phone:		
Critical Class Requirements of Identified Class:	Out- standing	Satis- factory	Needs improve
Demonstrate ability to:			
1. Apply principles, methods and techniques of teaching to convey subject matter to clients/inmates within a classroom setting.			
2. Develop an instructional program designed to motivate clients/inmates to learn useful and practical skills.	11		
Supervise and maintain proper conduct and control of clients/inmates in the classroom.			
4. Provide remedial instruction to clients/inmates who have learning deficiencies.			
 Assist clients/inmates to develop socially acceptable attitudes as they progress through course material. 			
6. Work effectively in a team with professionals from other disciplines to properly assess and evaluate client/inmate progress.			
7. Prepare clear and concise reports.			
Supervisor Comments:			
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appointment			
Yes Request Approval of Permanent Appointment			
No Request Extension of Job Trial Period			
Recommend Termination of LEAP Candidate (SUPERVISOR COMMENTS MUST INCLUDE JUSTIFICATION FO	R ANY OF TH	E ABOVE)	
CANDIDATE CERTIFICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION REPORT. SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY SUPERVISOR.	MY SIGNATU	RE DOES	NOT
Leap Candidate Signature: Supervisor Sig	nature:		

California State Personnel Board

LEAP CANDIDATE JOB EXAMINATION SPB 273-03 (7/01)

SPB 2/3-03 (//01)	Date:		
Department:	Work Loca	tion (Count	xy):
Name of Leap Candidate:	Social Secu	urity Numbe	er:
Class Title: Leap Candidate (ACCOUNT CLERK II)	Time Base	_	
Date of Appointment to LEAP Candidate Class:	Expected C (MM/DD	Completion (O/YY)	Date
Supervisor:	Phone:		
Critical Class Requirements of Identified Class:	Out- standing	Satis- factory	Needs improve
Demonstrate ability to:			
1. Maintain a set of financial, statistical and/or other records.			
2. Make rapid and accurate arithmetical computations.			
3. Operate office machines.			
4. Follow procedures to perform one or more of the following:			
a. Prepare and check payrolls and/or invoices.			
b. Post, verify, balance and/or adjust accounts.			
c. Schedule, index, and file bills, vouchers, documents and/or other papers.			
d. Prepare accounting and/or statistical reports.			
Supervisor Comments:			
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appointment			
Yes Request Approval of Permanent Appointment			
No Request Extension of Job Trial Period			
Recommend Termination of LEAP Candidate (SUPERVISOR COMMENTS MUST INCLUDE JUSTIFICATION FOR	R ANY OF TH	E ABOVE))
CANDIDATE CERTIFICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION REPORT. IN SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY SUPERVISOR	MY SIGNATU	TRE DOES	NOT
Leap Candidate Signature: Supervisor Sign	ature:		

LEAP CANDIDATE JOB EXAMINATION SPB 273-26 (7/01)

Date:				
Department:		Work Location (County):		
Name of Leap Candidate:		Social Secu	rity Numbe	r:
Class Title: Leap Candidate (ACCOUNTANT TRAINEE)		Time Base: _ Intermitte	_ Full Ti ent _ Part	
Date of Appointment to LEAP Candidate Class:		Expected Co (MM/DD/		Date
Supervisor:		Phone:		
Critical Class Requirements of Identified Class:		Out- standing	Satis- factory	Needs improve
Demonstrate ability to:				
Use knowledge of business law and apply general accounting princip procedures to establish and maintain departmental accounts and reconstruction.				
Learn specialized agency activities, departmental systems and central fiscal control activities necessary to perform less difficult accounting work.				
3. Analyze data and situations accurately, draw sound conclusions and adopt effective courses of action.				
4. Prepare clear, complete and concise reports.				
5. Establish and maintain cooperative relations with those contacted in work.	the course of			
Supervisor Comments:				
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appoint	ntment			
Yes Request Approval of Permanent Appoin	ntment			
No Request Extension of Job Trial Pe Recommend Termination of LEAR (SUPERVISOR COMMENTS MUST INCLUDE JUSTI	P Candidate	ANY OF THI	E ABOVE)	
CANDIDATE CERTIFICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY SERVICE OF THE COMMENT MADE BY MY SE		SIGNATUR	RE DOES N	ІОТ
Leap Candidate Signature:	Supervisor Signatu	ure:		

LEAP CANDIDATE JOB EXAMINATION SPB 273-02 (7/01)

	Date:			
Department:	,	Work Location (County):		
Name of Leap Candidate:	:	Social Security Number:		
Class Title: Leap Candidate (ACCOUNTING TECHNICIAN)	-	Time Base: _ Full Time _ Intermittent _ Part Time		
Date of Appointment to LEAP Candidate Class:		Expected Completion Date (MM/DD/YY)		
Supervisor:]	Phone:		
Critical Class Requirements of Identified Class:		Out- standing	Satis- factory	Needs improve
Demonstrate ability to:				
1. Express ideas and give instructions effectively.				
2. Operate common office appliances used in financial record-keeping.				
3. Make arithmetical computations rapidly and accurately.				
4. Apply rules and regulations to specific cases.				
5. Analyze data and draw logical conclusions.				
Supervisor Comments:	·			
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appo	intment			
Yes Request Approval of Permanent Appoi	ntment			
No Request Extension of Job Trial Po Recommend Termination of LEA				
(SUPERVISOR COMMENTS MUST INCLUDE JUST		NY OF THI	E ABOVE)	
CANDIDATE CERTIFICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATI SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY		SIGNATUI	RE DOES 1	NOT
Leap Candidate Signature:	Supervisor Signatur	re:		

LEAP CANDIDATE JOB EXAMINATION SPB 273-06 (7/01)

		Date:		
Department:		Work Location (County):		y):
Name of Leap Candidate:		Social Secu	rity Numbe	er:
Class Title: Leap Candidate (ASSISTANT INFORMATION SYSTEMS ANALYST)		Time Base: _ Intermit		me rt Time
Date of Appointment to LEAP Candidate Class:		Expected C (MM/DD		Date
Supervisor:		Phone:		
Critical Class Requirements of Identified Class:		Out- standing	Satis- factory	Needs improve
Demonstrate ability to:				
1. Analyze data and situations.				
2. Identify and solve problems, reason logically and draw valid conclus	ions.			
3. Develop effective solutions.				
4. Apply creative thinking in the design of methods of processing data with electronic computers.				
5. Monitor and resolve problems with information processing systems h software and processes.	ardware,			
6. Establish and maintain effective working relationships with others.				
7. Communicate effectively verbally and in writing.				
Supervisor Comments:				
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appo	intment			
Yes Request Approval of Permanent Appoi	ntment			
No Request Extension of Job Trial Period Recommend Termination of LEAP Candidate (SUPERVISOR COMMENTS MUST INCLUDE JUSTIFICATION FOR ANY OF THE ABOVE)				
CANDIDATE CERTIFICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY S	ON REPORT. MY			
Leap Candidate Signature:	Supervisor Signat	ture:		

LEAP CANDIDATE JOB EXAMINATION SPB 273-08 (7/01)

31B 273 00 (mot)		Date:		
Department:		Work Locat	ion (Count	y):
Name of Leap Candidate:		Social Secur	rity Numbe	er:
Class Title: Leap Candidate (AUDITOR I)		Time Base: _ Intermitte	_	ime t Time
Date of Appointment to LEAP Candidate Class:		Expected Co (MM/DD/		Date
Supervisor:		Phone:		
Critical Class Requirements of Identified Class:		Out- standing	Satis- factory	Needs improve
Demonstrate ability to:				
 Use knowledge of business law and apply general accounting and aud and procedures to conduct less difficult audits and financial examinat and records. 				
2. Analyze data and situations accurately, draw sound conclusions and adopt effective courses of action.				
3. Prepare concise and clear audit reports and supporting schedules.				
4. Communicate effectively with a variety of people in different work se	ettings.			
Supervisor Comments:				
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appoin	ntment			
Yes Request Approval of Permanent Appoin	tment			
No Request Extension of Job Trial Per	iod			
Recommend Termination of LEAP (SUPERVISOR COMMENTS MUST INCLUDE JUSTIII		NY OF THE	E ABOVE)	
CANDIDATE CERTIFICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY S		SIGNATUR	E DOES N	IOT
Leap Candidate Signature:	Supervisor Signatu	ure:		

LEAP CANDIDATE JOB EXAMINATION SPB 273-34 (7/01)

31 B 273-34 (7/01)		Date:		
Department:		Work Locat	tion (Count	y):
Name of Leap Candidate:		Social Secu	rity Numbe	er:
Class Title: Leap Candidate (BUILDING MAINTENANCE WORKER)		Time Base: _ Intermitte	_	Time t Time
Date of Appointment to LEAP Candidate Class:		Expected Co		Date
Supervisor:		Phone:		_
Critical Class Requirements of Identified Class:		Out- standing	Satis- factory	Needs improve
Demonstrate ability to:				
1. Use proper methods, practices and materials to do a variety of semisl maintenance and repair of buildings.	killed tasks in the			
2. Use and care for tools necessary to perform building maintenance an	d repair work.			
3. Follow directions to perform one or more of the following:				
a. Assist in maintaining and repairing electrical lines and fixtures.				
 Assist in lubricating, regulating and repairing sewage, water, co- systems lines and equipment. 	oling and heating			
c. Assist in repairing roofs, plaster and concrete.				
d. Assist in painting buildings and equipment.				
e. Make simple repairs to furniture, cabinets and flooring.				
f. Requisition supplies.				
g. Prepare reports.				
h. Instruct, lead or supervise inmates, wards or resident workers.				
Supervisor Comments:	1		1	
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appo	intment			
Yes Request Approval of Permanent Appoi	ntment			
No Request Extension of Job Trial Pe	riod			
Recommend Termination of LEAL (SUPERVISOR COMMENTS MUST INCLUDE JUST)		ANY OF THI	E ABOVE)	
CANDIDATE CERTIFICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION REPORT. MY SIGNATURE DOES NOT SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY SUPERVISOR				
Leap Candidate Signature:	Supervisor Signatu	ure:		

LEAP CANDIDATE JOB EXAMINATION SPB 273-18 (7/01)

3.2 2.0 10 (mai)	I	Date:		
Department:	1	Work Location (County):		y):
Name of Leap Candidate:	S	Social Secur	rity Numbe	r:
Class Title: Leap Candidate (BUSINESS TAXES REPRESENTATIVE)	_	_	nt Par	t Time
Date of Appointment to LEAP Candidate Class:	F	Expected Co (MM/DD/		Date
Supervisor:	F	Phone:		
Critical Class Requirements of Identified Class:		Out- standing	Satis- factory	Needs improve
Demonstrate ability to:				
Learn, interpret and apply provisions of the tax law, rules and regulate compliance with tax, licensing and other laws.	ions to ensure			
2. Communicate effectively with the public and public officials under conditions requiring the utmost in tact and good judgment to assist taxpayers in complying with the laws or in collecting delinquent taxes, fees and returns.				
3. Analyze situations accurately and take effective action.				
4. Prepare clear and concise reports.				
Supervisor Comments:				
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appoin	ntment			
Yes Request Approval of Permanent Appoin	tment			
No Request Extension of Job Trial Per	riod			
Recommend Termination of LEAP (SUPERVISOR COMMENTS MUST INCLUDE JUSTIL		NY OF THE	E ABOVE)	
CANDIDATE CERTIFICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY ST		SIGNATUR	E DOES N	TOT
Leap Candidate Signature:	Supervisor Signatur	re:		

LEAP CANDIDATE JOB EXAMINATION SPB 273-31 (7/01)

SPB 273-31 (7/01)	Date	e:		
Department:	Wor	Work Location (County):		y):
Name of Leap Candidate:	Soci	ial Secu	rity Numbe	er:
Class Title: Leap Candidate (CARPENTER I)	_ Ir		ent _ Par	t Time
Date of Appointment to LEAP Candidate Class:		ected C IM/DD/	ompletion I YYY)	Date
Supervisor:	Pho	ne:		
Critical Class Requirements of Identified Class:	Out- stan	ding	Satis- factory	Needs improve
Demonstrate ability to:				
 Apply proper principles, methods, materials, tools and equipment to and finished carpentry work. 	do both rough			
2. Apply knowledge of safety practices in the construction, maintenance various buildings and structures.	e and repair of			
3. Interpret and work from blueprints, plans and specifications.				
4. Prepare working sketches of carpentry tasks.				
5. Prepare cost estimates of materials and labor.				
6. Keep simple records and prepare reports.				
7. Direct the work of helpers.				
Supervisor Comments:				<u> </u>
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appoint	ntment			
Yes Request Approval of Permanent Appoin	ntment			
No Request Extension of Job Trial Pe	riod			
Recommend Termination of LEAF (SUPERVISOR COMMENTS MUST INCLUDE JUSTI		OF THI	E ABOVE)	
CANDIDATE CERTIFICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY SIGNIFY THE COMMENT WAS AND THE COMMENT WHEN THE COMMENT WAS AND THE COMMENT WAS AND THE COMMENT WAS AND TH		NATUF	RE DOES N	IOT
Leap Candidate Signature:	Supervisor Signature:			

LEAP CANDIDATE JOB EXAMINATION SPB 273-27 (7/01)

		Date:		
Department:		Work Loca	tion (Count	y):
Name of Leap Candidate:		Social Secu	rity Numbe	er:
Class Title: Leap Candidate (COMPUTER OPERATOR)		Time Base:		me art Time
Date of Appointment to LEAP Candidate Class:		Expected C (MM/DD		Date
Supervisor:		Phone:		
Critical Class Requirements of Identified Class:		Out- standing	Satis- factory	Needs improve
Demonstrate ability to:				
1. Use knowledge of the principles, capabilities and operation of computation machine control panels and peripheral equipment to perform the less technical duties required to support an electronic computer system.				
2. Use appropriate methods and procedures to complete key entry and continuous in the performance of computer operations.	ontrol functions			
3. Analyze data and perform arithmetical computations.				
4. Recognize operational problems and develop solutions.				
5. Communicate effectively and maintain cooperative relations with oth	ers.			
Supervisor Comments:				
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appoin	ntment			
Yes Request Approval of Permanent Appoin	ntment			
No Request Extension of Job Trial Per	riod			
Recommend Termination of LEAP (SUPERVISOR COMMENTS MUST INCLUDE JUSTI)		ANY OF TH	E ABOVE)	
CANDIDATE CERTIFICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION REPORT. MY SIGNATURE DOES NOT SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY SUPERVISOR				NOT
Leap Candidate Signature:	Supervisor Signat	ure:		

LEAP CANDIDATE JOB EXAMINATION SPB 273-33 (7/01)

SPB 2/3-33 (//01)	Date:			
Department:	Work	Location (County):		
Name of Leap Candidate:	Social	Security Number:		
Class Title: Leap Candidate (ELECTRONICS TECHNICIAN)	Time I _ Inte	Base: _ Full Time rmittent _ Part Time		
Date of Appointment to LEAP Candidate Class:		ted Completion Date 1/DD/YY)		
Supervisor:	Phone	:		
Critical Class Requirements of Identified Class:	Out- standir	Satis- ng factory improv		
Demonstrate ability to:				
Apply knowledge of basic electronic theory, practices and elementary precautions to maintain and repair electrical equipment.	safety			
2. Use electrical measuring instruments to service electronic and related	equipment.			
3. Interpret and work from electrical and electronic schematic diagrams.				
4. Estimate cost of repairs and order materials and replacement parts.				
5. Analyze situations accurately and take effective action.				
6. Keep simple records and prepare reports.				
Supervisor Comments:	ļ			
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appoin	ntment			
Yes Request Approval of Permanent Appoin	tment			
No Request Extension of Job Trial Per	riod			
Recommend Termination of LEAP (SUPERVISOR COMMENTS MUST INCLUDE JUSTIII		F THE ABOVE)		
CANDIDATE CERTIFICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION REPORT. MY SIGNATURE DOES NOT SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY SUPERVISOR				
Leap Candidate Signature:	Supervisor Signature:			

LEAP CANDIDATE JOB EXAMINATION SPB 273-11 (7/01)

SIB 273-11 (7/01)		Date:		
Department:		Work Locat	ion (Count	y):
Name of Leap Candidate:		Social Secur	rity Numbe	r:
Class Title: Leap Candidate (ENERGY ANALYST)			ent _ Part	t Time
Date of Appointment to LEAP Candidate Class:		Expected Co (MM/DD/		Date
Supervisor:		Phone:		
Critical Class Requirements of Identified Class:		Out- standing	Satis- factory	Needs improve
Demonstrate ability to:				
 Apply principles and techniques of energy analysis to complete assig research, planning and evaluation of energy programs in State Government. 				
Consult with management and others to give and secure necessary information to complete assignments.				
3. Use a variety of analytical techniques to resolve energy problems and recommendations on procedures, policies and program alternatives.	d develop			
4. Gather, tabulate, and analyze data.				
5. Prepare correspondence and reports.				
Supervisor Comments:				
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appo	intment			
Yes Request Approval of Permanent Appoi	ntment			
No Request Extension of Job Trial Pe	eriod			
Recommend Termination of LEAL (SUPERVISOR COMMENTS MUST INCLUDE JUST)		NY OF THE	E ABOVE)	
CANDIDATE CERTIFICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY SERVICE OF THE COMMENT MADE		SIGNATUR	E DOES N	IOT
Leap Candidate Signature:	Supervisor Signatu	re:		

LEAP CANDIDATE JOB EXAMINATION SPB 273-23 (7/01)

	Date:				
Department:		Work Location (County):			
Name of Leap Candidate:		Social Security Number:			
Class Title: Leap Candidate (ENVIRONMENTAL SPECIALIST I)		Time Base: _ Full Time _ Part Time			
Date of Appointment to LEAP Candidate Class:		Expected Completion Date (MM/DD/YY)			
Supervisor:		Phone:			
Critical Class Requirements of Identified Class:		Out- standing	Satis- factory	Needs improve	
Demonstrate ability to:					
1. Apply principles of environmental ecology and statistical methods to conduct the less difficult research, investigations and studies on environmental issues.					
2. Apply proven techniques and methods to gather data on environmental actions.					
3. Analyze data and situations, reach sound conclusions and take appropriate actions.					
4. Prepare clear, complete and technically accurate reports.					
5. Establish and maintain cooperative relations with those contacted during the course of work.					
Supervisor Comments:					
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appointment					
Yes Request Approval of Permanent Appointment					
No Request Extension of Job Trial Period					
Recommend Termination of LEAP Candidate (SUPERVISOR COMMENTS MUST INCLUDE JUSTIFICATION FOR ANY OF THE ABOVE)					
CANDIDATE CERTIFICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION REPORT. MY SIGNATURE DOES NOT SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY SUPERVISOR					
Leap Candidate Signature:	Supervisor Signature:				

LEAP CANDIDATE JOB EXAMINATION SPB 273-41 (7/01)

SPB 273-41 (7/01)	Date:			
Department:	Work	Work Location (County):		
Name of Leap Candidate:	Social	Social Security Number:		
Class Title: Leap Candidate (FAIR EMPLOYMENT AND HOUSING CONSULTANT I	_ Inte	Time Base: _ Full Time _ Part Time		
Date of Appointment to LEAP Candidate Class:		Expected Completion Date (MM/DD/YY)		
Supervisor:	Phone	:	_	
Critical Class Requirements of Identified Class:	Out- standi	Satis- factory	Needs improve	
Under close supervision, demonstrate ability to:				
1. Learn to interpret and apply laws, rules and regulations to perform as within the jurisdiction of the department.	ssignments			
2. Analyze, compile and present data in studies related to the jurisdiction department.	on of the			
3. Use investigation and interviewing techniques to perform the less coroutine tasks in the phases of the discrimination complaint process.	mplex and more			
4. Use knowledge of intergroup relations and issues of protected group creatively, tactfully and effectively with sensitive problems of civil r enforcement.				
5. Communicate effectively.				
6. Establish and maintain cooperative work relationships.				
7. Analyze situations accurately and take effective action.				
Supervisor Comments:	1			
Final Frank visit Coulou LEAD Coulidate Paralisant Coulour Annual Annual				
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appointment				
Yes Request Approval of Permanent Appointment				
No Request Extension of Job Trial Period				
Recommend Termination of LEAI (SUPERVISOR COMMENTS MUST INCLUDE JUSTI		F THE ABOVE)	
CANDIDATE CERTIFICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION REPORT. MY SIGNATURE DOES NOT SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY SUPERVISOR				
Leap Candidate Signature:	Supervisor Signature:			

LEAP CANDIDATE JOB EXAMINATION SPB 273-38 (7/01)

SIB 273-36 (7/01)		Date:		
Department:	1	Work Location (County):		
Name of Leap Candidate:		Social Security Number:		
Class Title: Leap Candidate (FOOD SERVICE WORKER I)	,	Time Base: _ Full Time Intermittent Part Time		
Date of Appointment to LEAP Candidate Class:]	Expected Co (MM/DD/		Date
Supervisor:]	Phone:		
Critical Class Requirements of Identified Class:		Out- standing	Satis- factory	Needs improve
Demonstrate ability to:				
1. Clean and prepare foods for cooking, serving and/or storage.				
2. Arrange tables and serve meals in an institutional dining area.				
3. Use various types of food service utensils and equipment.				
4. Clean and maintain food service utensils, equipment and work areas.				
5. Practice proper safety habits in food service areas.				
6. Work effectively and cooperatively with others.				
7. Direct the work of helpers as needed.				
Supervisor Comments:				
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appoi	ntment			
Yes Request Approval of Permanent Appoin	ntment			
No Request Extension of Job Trial Pe	riod			
Recommend Termination of LEAF (SUPERVISOR COMMENTS MUST INCLUDE JUSTI		NY OF THE	E ABOVE)	
CANDIDATE CERTIFICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY SIGNIFY THE COMMENT MY SIGNIFY THE COMMENT WAS AND SIGNIFY THE COMMENT WAS AND		SIGNATUR	E DOES N	TOT
Leap Candidate Signature:	Supervisor Signatur	re:		

LEAP CANDIDATE JOB EXAMINATION SPB 273-19 (7/01)

512 2 76 17 (7761)	D	ate:		
Department:	W	Work Location (County):		
Name of Leap Candidate:	Sc	Social Security Number:		
Class Title: Leap Candidate (GRADUATE LEGAL ASSISTANT)	_	ime Base: Intermitte	_	rt Time
Date of Appointment to LEAP Candidate Class:		xpected Co (MM/DD/	ompletion I YY)	Date
Supervisor:	Pł	none:		
Critical Class Requirements of Identified Class:		ut- anding	Satis- factory	Needs improve
Demonstrate ability to:				
1. Use knowledge of legal principles, reference works and terminology legal research.	to do routine			
2. Analyze situations accurately and adopt an effective course of action.				
3. Present effective legal arguments.				
4. Prepare correspondence and drafts of legal documents.				
Supervisor Comments:	<u> </u>			
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appoin	ntment			
Yes Request Approval of Permanent Appoir	ntment			
No Request Extension of Job Trial Per	riod			
Recommend Termination of LEAP (SUPERVISOR COMMENTS MUST INCLUDE JUSTI		Y OF THE	E ABOVE)	
CANDIDATE CERTIFICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION REPORT. MY SIGNATURE DOES NOT SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY SUPERVISOR				
Leap Candidate Signature:	Supervisor Signature	:		

LEAP CANDIDATE JOB EXAMINATION SPB 273-29 (7/01)

SIB 273-25 (1701)	Date:			
Department:	Work Lo	Work Location (County):		
Name of Leap Candidate:	Social Se	Social Security Number:		
Class Title: Leap Candidate (GROUNDSKEEPER)		Time Base: _ Full Time _ Intermittent _ Part Time		
Date of Appointment to LEAP Candidate Class:		Expected Completion Date (MM/DD/YY)		
Supervisor:	Phone:	· · · · · · · · · · · · · · · · · · ·		
Critical Class Requirements of Identified Class:	Out- standing	Satis- factory	Needs improve	
Demonstrate ability to:				
 Use proper methods of planting, cultivating and caring for hedges, tro- lawns and flowers. 	ees, shrubs,			
2. Use and care for gardening materials, tools and equipment to perform grounds maintenance work.	ı general			
3. Recognize the more common plant diseases and insect pests and use methods and materials to control and eradicate them.	approved			
4. Direct the work of helpers as needed.				
Supervisor Comments:				
Supervisor Comments.				
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appoi	ntm out			
-				
Yes Request Approval of Permanent Appoin				
No Request Extension of Job Trial Pe	riod			
Recommend Termination of LEAF (SUPERVISOR COMMENTS MUST INCLUDE JUSTI		HE ABOVE))	
CANDIDATE CERTIFICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY S		JRE DOES N	NOT	
Leap Candidate Signature:	Supervisor Signature:			

LEAP CANDIDATE JOB EXAMINATION SPB 273-21 (7/01)

SPB 273-21 (7/01)	Date:		
Department:	Work Location (County):		
Name of Leap Candidate:	Social Security Number:		
Class Title: Leap Candidate (INFORMATION SYSTEMS TECHNICIAN)	Time Base: _ Full Time Intermittent Part Time		
Date of Appointment to LEAP Candidate Class:	Expected Completion Date (MM/DD/YY)		
Supervisor:	Phone:		
Critical Class Requirements of Identified Class:	Out- standing	Satis- factory	Needs improve
Demonstrate ability to:			
 Use knowledge of electronic computer systems and information processing procedures, to perform the less complex technical duties required to support an electronic computer system. 			
2. Follow instructions to perform one or more of the following:			
a. Prepare routine directions for processing information.			
b. Prepare job control language statements.			
c. Perform program librarian functions.			
d. Develop written procedures.			
e. Analyze situations and take effective action.			
f. Work effectively and cooperatively with others.			
Supervisor Comments:			
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appointment			
Yes Request Approval of Permanent Appointment			
No Request Extension of Job Trial Period			
Recommend Termination of LEAP Candidate (SUPERVISOR COMMENTS MUST INCLUDE JUSTIFICATION FOR	ANY OF TH	E ABOVE)	1
CANDIDATE CERTIFICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION REPORT. M SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY SUPERVISOR	Y SIGNATU	RE DOES N	TOT
Leap Candidate Signature: Supervisor Signa	ature:		

LEAP CANDIDATE JOB EXAMINATION SPB 273-22 (7/01)

Department: Name of Leap Candidate:	Work Loca Social Secu Time Base:Intermitte	rity Numbe		
	Time Base: _ Intermitte	-		
Class Titley I am Condidate	_ Intermitte			
Class Title: Leap Candidate (INTEGRATED WASTE MANAGEMENT SPECIALIST)		_	ime rt Time	
Date of Appointment to LEAP Candidate Class:	Expected C (MM/DD)	ompletion I /YY)	Date	
Supervisor:	Phone:	Phone:		
Critical Class Requirements of Identified Class:	Out- standing	Satis- factory	Needs improve	
A. Knowledge of:				
1. Basic principles of scientific research.				
2. Chemical, biological, physical and environmental sciences.				
3. Environmental characteristics of waste materials, including handling and disposal, their general effects on human health and the environment, and mitigation measures.				
4. Statistical methods of analysis.				
 Concepts employed in a variety of disciplines including integrated waste management economics, public health and resources management. 				
6. Principles and procedures of integrated waste management, waste prevention and diversion.				
7. Environmental planning.				
8. Investigatory methods.				
9. Integrated waste management activities and programs in both the public and private sectors.				
10. Federal, State, and local statutes, regulations, legislative and regulatory processes, programs and responsibilities related to solid waste materials.				
11. Use and reuse of solid waste materials.				

LEAP CANDIDATE JOB EXAMINATION SPB 273-22 (6/97) Page 2

Critical Class Requirements of Identified Class (continued):	Out- standing	Satis- factory	Needs improve
B. Ability to:			
Collect environmental data.			
2. Analyze and evaluate data, reach sound conclusions and make recommendations.			
3. Apply or modify scientific methods and principles.			
4. Analyze situations and take appropriate actions.			
5. Establish and maintain cooperative relations with local governments, the business community, and the general public.			
6. Prepare clear, complete, and technically accurate reports.			
7. Communicate effectively.			
8. Plan, organize, and carry out integrated waste management studies or projects.			
9. Coordinate the work of others.			
10. Make oral presentations.			
11. Be objective and flexible.			
12. Meet critical deadlines.			
13. Assess the impact of proposed legislation and new statutes.			
14. Organize materials for public presentations and dissemination.			
15. Anticipate and respond to public concerns with tact and sensitivity.			
Supervisor Comments:	,		
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appointment			
Yes Request Approval of Permanent Appointment			
No Request Extension of Job Trial Period Recommend Termination of LEAP Candidate (SUPERVISOR COMMENTS MUST INCLUDE JUSTIFICATION FOR	ANY OF TH	E ABOVE)	
CANDIDATE CERTIFICATION			
I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION REPORT. M SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY SUPERVISOR	Y SIGNATU:	RE DOES 1	NOT
Leap Candidate Signature: Supervisor Signa	ture		

LEAP CANDIDATE JOB EXAMINATION SPB 273-28 (7/01)

31B 273 20 (7701)	Date:			
Department:		Work Location (County):		
Name of Leap Candidate:		Social Security Number:		
Class Title: Leap Candidate (JANITOR)		Time Base: _ Intermitte	ent Pa	rt Time
Date of Appointment to LEAP Candidate Class:		Expected C (MM/DD/		Date
Supervisor:		Phone:		
Critical Class Requirements of Identified Class:		Out- standing	Satis- factory	Needs improve
Demonstrate ability to: 1. Use knowledge of methods, materials and equipment to keep an assignment to keep assignment to keep assignment to keep as assignment to keep assignme	gned work area			
clean and orderly. 2. Apply knowledge of safety practices in performing janitorial work.				
3. Operate and maintain equipment and machinery.				
4. Assist in moving furniture and equipment.				
Supervisor Comments:				<u> </u>
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appoi	ntment			
Yes Request Approval of Permanent Appoin	ntment			
No Request Extension of Job Trial Pe	riod			
Recommend Termination of LEAP Candidate (SUPERVISOR COMMENTS MUST INCLUDE JUSTIFICATION FOR ANY OF THE ABOVE)				_
CANDIDATE CERTIFICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY S		SIGNATUF	RE DOES N	NOT
Leap Candidate Signature:	Supervisor Signature:			

LEAP CANDIDATE JOB EXAMINATION SPB 273-13 (7/01)

31 B 273-13 (7/01)	Date:			
Department:	Work Lo	Work Location (County):		
Name of Leap Candidate:	Social Se	Social Security Number:		
Class Title: Leap Candidate (KEY DATA OPERATOR)	_ Interm	Time Base: _ Full Time _ Intermittent _ Part Time		
Date of Appointment to LEAP Candidate Class:		Expected Completion Date (MM/DD/YY)		
Supervisor:	Phone:			
Critical Class Requirements of Identified Class:	Out- standing	Satis- factory	Needs improve	
Demonstrate ability to:				
1. Learn and perform routine key entry operations.				
2. Learn and interpret machine responses.				
3. Interpret entries on source documents.				
4. Attain and maintain identified production standards of 4,000 to 5,000 hour.	key strokes per			
Supervisor Comments:				
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appoin	ntment			
Yes Request Approval of Permanent Appoin	itment			
No Request Extension of Job Trial Per	riod			
Recommend Termination of LEAP (SUPERVISOR COMMENTS MUST INCLUDE JUSTII		THE ABOVE))	
CANDIDATE CERTIFICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY S		URE DOES N	NOT	
Leap Candidate Signature:	Supervisor Signature:			

LEAP CANDIDATE JOB EXAMINATION SPB 273-16 (7/01)

		Date:		
Department:		Work Location (County):		
Name of Leap Candidate:		Social Security Number:		
Class Title: Leap Candidate (LABORATORY ASSISTANT) Date of Appointment to LEAP Candidate Class:		Time Base: _ Full Time _ Intermittent _ Part Time Expected Completion Date		
		(MM/DD		
Supervisor:		Phone:	_	
Critical Class Requirements of Identified Class:		Out- standing	Satis- factory	Needs improve
Demonstrate ability to:				
 Learn elementary laboratory methods and procedures to process and laboratory specimens, materials and supplies. 	prepare			
2. Clean and care for laboratory equipment.				
3. Work efficiently and effectively in a group.				
Supervisor Comments:				
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appo	intment			
Yes Request Approval of Permanent Appoi	intment			
No Request Extension of Job Trial Po	eriod			
Recommend Termination of LEA (SUPERVISOR COMMENTS MUST INCLUDE JUST		ANY OF TH	E ABOVE))
CANDIDATE CERTIFICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATI SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY		SIGNATUF	RE DOES N	NOT
Leap Candidate Signature:	Supervisor Signate	ure:		

LEAP CANDIDATE JOB EXAMINATION SPB 273-39 (7/01)

SPB 2/3-39 (//01)		Date:		
Department:		Work Location (County):		
Name of Leap Candidate:		Social Secu	rity Numbe	er:
Class Title: Leap Candidate (MAILING MACHINES OPERATOR I)		Time Base: _ Intermitte	ent P	art Time
Date of Appointment to LEAP Candidate Class:		Expected Company (MM/DD)		Date
Supervisor:		Phone:		
Critical Class Requirements of Identified Class:		Out- standing	Satis- factory	Needs improve
Under supervision, demonstrate ability to:				
 Operate mailing machines to assist in registering the postage and to p parts of the outgoing mailing process. 	erform other			
2. Learn to calibrate the machines for different types and sizes of materi	al.			
3. Practice proper safety habits in the work setting.				
4. Learn postal regulations and rates related to the processing of mail.				
5. Perform maintenance and minor repairs on mailing machines.				
6. Maintain records of cost and production.				
Supervisor Comments:			1	
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appoin	ntment			
Yes Request Approval of Permanent Appoin	ntment			
No Request Extension of Job Trial Period				
Recommend Termination of LEAP (SUPERVISOR COMMENTS MUST INCLUDE JUSTIL		ANY OF THI	E ABOVE)	
CANDIDATE CERTIFICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION REPORT. MY SIGNATURE DOES NOT SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY SUPERVISOR				
Leap Candidate Signature:	Supervisor Signat	ure:		

LEAP CANDIDATE JOB EXAMINATION SPB 273-35 (7/01)

		Date:		
Department:		Work Location (County):		y):
Name of Leap Candidate:		Social Secu	rity Numbe	r:
Class Title: Leap Candidate (MAINTENANCE MECHANIC)		Time Base: _ Intermitte	_ Full T ent _ Pa	ime rt Time
Date of Appointment to LEAP Candidate Class:		Expected Co (MM/DD/		Date
Supervisor:		Phone:		
Critical Class Requirements of Identified Class:		Out- Standing	Satis- Factory	Needs Improve
Demonstrate ability to:				
Apply knowledge of basic methods, materials, equipment and tools miscellaneous building maintenance work.	to perform			
 Apply knowledge of mechanical systems and safety procedures to p miscellaneous building maintenance work. 	erform			
3. Interpret and work from plans, drawings and specifications.				
4. Inspect, maintain and repair buildings, mechanical equipment and e and sewer systems.	lectrical, water			
5. Estimate and requisition materials and supplies.				
6. Clean and maintain tools and equipment.				
7. Keep records and prepare reports.				
8. Establish and maintain cooperative relations with those contacted in work.	the course of			
Supervisor Comments:				
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appo	intment			
Yes Request Approval of Permanent Appoi	ntment			
No Request Extension of Job Trial Pe	eriod			
Recommend Termination of LEAP Candidate (SUPERVISOR COMMENTS MUST INCLUDE JUSTIFICATION FOR ANY OF THE ABOVE)				
CANDIDATE CERTIFICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION REPORT. MY SIGNATURE DOES NOT SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY SUPERVISOR				
Leap Candidate Signature:	Supervisor Signate	ure:		

LEAP CANDIDATE JOB EXAMINATION SPB 273-09 (7/01)

	Da	ate:		
Department:	W	Work Location (County):		
Name of Leap Candidate:	Sc	Social Security Number:		
Class Title: Leap Candidate [OFFICE ASSISTANT (GENERAL)] RANGE:		ime Base: Intermitte	_ Full Tii nt _ Pa	me rt Time
Date of Appointment to LEAP Candidate Class:		xpected Co (MM/DD/	ompletion I YY)	Date
Supervisor:	Ph	hone:		
Critical Class Requirements of Identified Class:		ut- anding	Satis- factory	Needs improve
Demonstrate ability to:				
1. Work effectively and cooperatively with others.				
2. Use correct punctuation, spelling and grammar.				
3. Follow instructions or procedures to perform one or more of the foll	owing:			
a. Act as receptionist for office staff.				
b. File office records and materials.				
c. Complete forms and other office documents.				
d. Sort and/or distribute mail and other office materials.				
e. Operate office machines.				
f. Order and/or maintain office supplies.				
Supervisor Comments:	ı			I
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appo	intment			
Yes Request Approval of Permanent Appo	ntment			
No Request Extension of Job Trial P	eriod			
Recommend Termination of LEA (SUPERVISOR COMMENTS MUST INCLUDE JUST		V OE TIII	E A DOVE)	
CANDIDATE CERTIFICATION	IFICATION FOR AN	I OF ITE	E ABOVE)	
I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATI SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY		GNATUR	E DOES N	TOT
Leap Candidate Signature:	Supervisor Signature	»:		

LEAP CANDIDATE JOB EXAMINATION SPB 273-10 (7/01)

SLB 275-10 (7/01)	Date:	
Department:	Work Location (County):	
Name of Leap Candidate:	Social Security Number:	
Class Title: Leap Candidate [OFFICE ASSISTANT (TYPING)] RANGE:	Time Base: _ Full Time _ Intermittent _ Part Time	
Date of Appointment to LEAP Candidate Class:	Expected Completion Date (MM/DD/YY)	
Supervisor:	Phone:	
Critical Class Requirements of Identified Class:	Out- Satis- Needs standing factory impro	
Demonstrate ability to:		
1. Type at a speed with an accuracy rate of at least 40 words per minute.		
2. Identify and correct errors in punctuation, spelling and grammar.		
3. Follow instructions or procedures to perform one or more of the following	ving:	
 Type correspondence and/or narrative reports from complicated roufinal form. 	ough draft to	
b. Type technical material using legal, medical, arithmetical, and othe statistical reports.	er terms and/or	
c. Act as receptionist for office staff.		
d. File office records and materials.		
e. Complete forms and other office documents.		
f. Sort and/or distribute mail and other office materials.		
g. Operate office machines.		
h. Order and/or maintain office supplies.		
Supervisor Comments:		
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appointr		
Yes Request Approval of Permanent Appointm	ment	
No Request Extension of Job Trial Perio	od	
Recommend Termination of LEAP C (SUPERVISOR COMMENTS MUST INCLUDE JUSTIFICATION OF THE PROPERTY OF THE PR		
	ICATION FOR ANT OF THE ABOVE)	_
CANDIDATE CERTIFICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY SUR		
Leap Candidate Signature: Su	Supervisor Signature:	=

LEAP CANDIDATE JOB EXAMINATION SPB 273-46 (7/01)

SPB 273-46 (7/01)	Γ	Date:		
Department:		Work Location (County):		
Name of Leap Candidate:		Social Security Number:		
Class Title: Leap Candidate [OFFICE TECHNICIAN (GENERAL)] Date of Appointment to LEAP Candidate Class:		Time Base: _ Full Time _ Intermittent _ Part Time Expected Completion Date		
		(MM/DD/		
Supervisor:		Phone:	1	
Critical Class Requirements of Identified Class:		Out- standing	Satis- factory	Needs improve
Demonstrate ability to:				
 Perform difficult clerical work, including the ability to spell correctly Use good English. 	<i>r</i> .			
 Make arithmetical computations. Operate various office machines. 				
5. Follow oral and written directions.6. Evaluate situations accurately and take effective action.				
7. Read and write English at a level required for successful job perform 8.	ance.			
8. Make clear and comprehensive reports and keep difficult records.9. Meet and deal tactfully with the public.				
10. Apply specific law, rules and office policies and procedures.11. Prepare correspondence independently.				
12. Communicate effectively and provide functional guidance.				
Supervisor Comments:	L			
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appoi	ntment			
Yes Request Approval of Permanent Appoin	ntment			
No Request Extension of Job Trial Pe				
Recommend Termination of LEAF (SUPERVISOR COMMENTS MUST INCLUDE JUSTI	Candidate	NV OF THE	E AROVE)	
CANDIDATE CERTIFICATION		1111	Z / IDO V L)	
I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY S		SIGNATUI	RE DOES 1	TON
Leap Candidate Signature:	Supervisor Signatu	ıre:		

LEAP CANDIDATE JOB EXAMINATION SPB 273-47 (7/01)

SI B 275-47 (7/01)				
		Date:		
Department:		Work Location (County):		
Name of Leap Candidate:		Social Security Number:		
Class Title: Leap Candidate [OFFICE TECHNICIAN (TYPING)]		Time Base: _ Full Time Intermittent Part Time		
Date of Appointment to LEAP Candidate Class:		Expected C		
		(MM/DD		
Supervisor:		Phone:	_	
Critical Class Requirements of Identified Class:		Out- standing	Satis- factory	Needs improve
Demonstrate ability to:		standing	lactory	Improve
Perform difficult clerical work; spell correctly and use good English. Make arithmetical computations.				
Operate various office machines. Follow oral and written directions.				
Evaluate situations accurately and take effective action. Read and write English at a level required for successful job performance.	e.			
Make clear and comprehensive reports and keep difficult records. Meet and deal tactfully with the public.				
Apply specific laws, rules and office policies and procedures. Prepare correspondence independently utilizing a wide knowledge of				
vocabulary, grammar and spelling. Communicate effectively and provide functional guidance.				
Type at a speed of not less than 40 words per minute.				
Supervisor Comments:	1			<u>'</u>
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appo	intment			
Yes Request Approval of Permanent Appoi	intment			
No Request Extension of Job Trial Po Recommend Termination of LEA				
(SUPERVISOR COMMENTS MUST INCLUDE JUST	IFICATION FOR A	NY OF TH	E ABOVE)	
CANDIDATE CERTIFICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATE SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY		SIGNATU	RE DOES 1	NOT
Leap Candidate Signature:	Supervisor Signatu	re:		

LEAP CANDIDATE JOB EXAMINATION SPB 273-30 (7/01)

SPB 2/3-30 (//01)		Date:		
Department:		Work Location (County):		
Name of Leap Candidate:		Social Secu	rity Numbe	er:
Class Title: Leap Candidate (PAINTER I)		Time Base: _ Intermitte	ent _ Pa	rt Time
Date of Appointment to LEAP Candidate Class:		Expected C (MM/DD		Date
Supervisor:		Phone:		
Critical Class Requirements of Identified Class:		Out- standing	Satis- factory	Needs improve
Demonstrate ability to:				
1. Apply knowledge to principles, methods, materials, tools and equipment painting, finishing and paper hanging work.	nent to perform			
2. Use safety practices in performing the work of a Painter I.				
3. Prepare wood and metal surfaces for painting and paper hanging.				
4. Mix paint and match colors.				
5. Set up and work from ladders, scaffolding and rigging.				
6. Clean and maintain materials, tools and equipment.				
7. Estimate costs of painting jobs.				
8. Keep simple records and prepare reports.				
9. Direct the work of helpers.				
Supervisor Comments:				
Final Evaluation Only: LEAP Candidate Readiness for Permanent Apport	intment			
Yes Request Approval of Permanent Appoi	ntment			
No Request Extension of Job Trial Pe	eriod			
Recommend Termination of LEAI (SUPERVISOR COMMENTS MUST INCLUDE JUSTI		ANY OF TH	E ABOVE)	
CANDIDATE CERTIFICATION		11(1 01 111	21120 (2)	
I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY S		' SIGNATUI	RE DOES N	TOI
Leap Candidate Signature:	Supervisor Signat	ure:		

LEAP CANDIDATE JOB EXAMINATION SPB 273-36 (7/01)

31 B 273-30 (7701)	Date:	
Department:	Work L	Location (County):
Name of Leap Candidate:	Social S	Security Number:
Class Title: Leap Candidate (PARK MAINTENANCE ASSISTANT) Date of Appointment to LEAP Candidate Class:	Expecte	mittent Part Time ed Completion Date
Supervisor:	Phone:	/DD/YY)
Critical Class Requirements of Identified Class:	Out- standing	Satis- Needs improve
Under supervision, demonstrate ability to:		
 Use proper methods, materials and equipment to maintain public bear facilities. Give necessary information to co-workers and the general public. Effectively deal with park visitors. Perform one or more of the following as required by the position: Perform routine cleanup of restrooms, campgrounds, park trails areas. Load and unload building materials and other supplies. Operate a variety of maintenance equipment. Perform minor repairs on maintenance equipment. Assist in the care and maintenance of park vegetation. Assist with the more complex maintenance projects. Fight structural and forest fires. Prepare reports. Direct the work of less experienced maintenance personnel. 		
Supervisor Comments:		
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appoint	ntment	
Yes Request Approval of Permanent Appoin	ntment	
No Request Extension of Job Trial Pe Recommend Termination of LEAR (SUPERVISOR COMMENTS MUST INCLUDE JUSTI	Candidate	THE ABOVE)
CANDIDATE CERTIFICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY S		TURE DOES NOT
Leap Candidate Signature:	Supervisor Signature:	

LEAP CANDIDATE JOB EXAMINATION SPB 273-14 (7/01)

31 B 273-14 (7/01)	Date:		
Department:	Work Loca	ation (Count	ty):
Name of Leap Candidate:	Social Secu	urity Numbe	er:
Class Title: Leap Candidate (PROGRAM TECHNICIAN)	Time Base _ Intermit	_	Time art Time
Date of Appointment to LEAP Candidate Class:	Expected C (MM/DE	Completion 20/YY)	Date
Supervisor:	Phone:	_	
Critical Class Requirements of Identified Class:	Out- standing	Satis- factory	Needs improve
Demonstrate ability to:			
1. Learn and apply laws and regulations of a specialized departmental program.			
2. Follow established procedures to complete and process technical documents.			
3. Use tact and good judgment in dealing with the public and other employees.			
4. Evaluate situations accurately and take effective action.			
5. Use correct punctuation, spelling and grammar.			
6. Make rapid and accurate arithmetical computations.			
Supervisor Comments:			
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appointment			
Yes Request Approval of Permanent Appointment			
No Request Extension of Job Trial Period Recommend Termination of LEAP Candidate (SUPERVISOR COMMENTS MUST INCLUDE JUSTIFICATION FO	R ANY OF TH	IE ABOVE))
CANDIDATE CERTIFICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION REPORT. N SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY SUPERVISOR	MY SIGNATU.	RE DOES N	NOT
Leap Candidate Signature: Supervisor Signature:	nature:		

LEAP CANDIDATE JOB EXAMINATION SPB 273-43 (7/01)

SIB 273-43 (7/01)		Date:		
Department:		Work Locat	ion (Count	y):
Name of Leap Candidate:		Social Secur	rity Numbe	r:
Class Title: Leap Candidate (PROGRAMMER I)		Time Base: _ Intermitte		rt Time
Date of Appointment to LEAP Candidate Class:		Expected Co (MM/DD/		Date
Supervisor:		Phone:		
Critical Class Requirements of Identified Class:		Out- standing	Satis- factory	Needs improve
Demonstrate ability to:				
1. Learn to use programming principles and procedures to perform task programming in a data processing system.	s of computer			
2. Use programming languages such as COBOL, FORTRAN, etc., to p within general system design needs.	rocess data			
3. Learn to develop computer programs based on comprehensive programs specifications.	amming			
4. Detect, analyze and correct logic and syntax errors in programs.				
5. Analyze data and draw logical conclusions.				
6. Present solutions to problems with clarity and precision.				
7. Work cooperatively with others.				
8. Communicate effectively.				
Supervisor Comments:				
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appo	intment			
Yes Request Approval of Permanent Appoi	ntment			
No Request Extension of Job Trial Po Recommend Termination of LEA	P Candidate			
(SUPERVISOR COMMENTS MUST INCLUDE JUST	IFICATION FOR A	NY OF THE	E ABOVE)	
CANDIDATE CERTIFICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATE SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY		SIGNATUR	E DOES N	TOI
Leap Candidate Signature:	Supervisor Signatu	re:		

LEAP CANDIDATE JOB EXAMINATION SPB 273-44 (7/01)

SPB 273-44 (7/01)	<u></u>			
	Date:	Date:		
Department:	Work Loc	Work Location (County):		
Name of Leap Candidate:	Social Sec	urity Numbe	er:	
Class Title: Leap Candidate [RESEARCH ANALYST I (VARIOUS SPECIALTIES)]	Time Base _ Intermit	_	Time art Time	
Date of Appointment to LEAP Candidate Class:	Expected (MM/DI	Completion 1 D/YY)	Date	
Supervisor:	Phone:			
Critical Class Requirements of Identified Class:	Out- standing	Satis- factory	Needs improve	
Demonstrate ability to:				
Apply principles and concepts of one or more specialty fields to perfect technical research and statistical work.	orm basic			
 Use knowledge of research methods and techniques to plan studies a investigations. Gather, compile, analyze and interpret data. 	nd			
4. Use a variety of analytical techniques to develop and evaluate alternation complex governmental and managerial problems.	ative solutions to			
5. Consult with administrators and others on a wide variety of subject-r	natter areas.			
6. Communicate effectively.				
7. Establish and maintain cooperative work relationships.				
8. Prepare research and statistical reports.				
Supervisor Comments:				
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appo	intment			
Yes Request Approval of Permanent Appoi	ntment			
No Request Extension of Job Trial Pe Recommend Termination of LEAI (SUPERVISOR COMMENTS MUST INCLUDE JUST)	P Candidate	IE ABOVE)		
,	TICATION FOR ANT OF II	IL ADOVE)	<u>'</u>	
CANDIDATE CERTIFICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY STATES.		RE DOES N	TOI	
Leap Candidate Signature:	Supervisor Signature:			

LEAP CANDIDATE JOB EXAMINATION SPB 273-20 (7/01)

51B 275 26 (NOI)	1	Date:		
Department:	1	Work Locat	ion (Count	y):
Name of Leap Candidate:	\$	Social Secur	rity Numbe	er:
Class Title: Leap Candidate (STAFF COUNSEL)	_	Time Base: _ Intermitte		rt Time
Date of Appointment to LEAP Candidate Class:		Expected Co (MM/DD/		Date
Supervisor:]	Phone:		
Critical Class Requirements of Identified Class:		Out- standing	Satis- factory	Needs improve
Demonstrate ability to:				
Interpret and apply laws, rules and regulations to perform the less diffing State Government.	icult legal work			
2. Perform and direct legal research, assemble and evaluate evidence, an witnesses in the preparation of cases.	d interview			
3. Assist in the presentation of cases before judges and administrative be	odies.			
4. Analyze situations accurately and adopt an effective course of action.				
5. Advise staff members on the legal effect of rules and regulations, properties, statutory law, court decisions and administrative actions.	posed legislative			
6. Prepare correspondence, reports and legal documents and assist with a legislative measures and departmental rules and regulations.	the drafting of			
Supervisor Comments				
Supervisor Comments:				
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appoin	ntment			
Yes Request Approval of Permanent Appoin	tment			
No Request Extension of Job Trial Per				
Recommend Termination of LEAP (SUPERVISOR COMMENTS MUST INCLUDE JUSTII		NY OF THE	E ABOVE)	
CANDIDATE CERTIFICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY SIGNIFY THE COMMENTS MADE	N REPORT. MY S			
Leap Candidate Signature:	Supervisor Signatur	re:		

LEAP CANDIDATE JOB EXAMINATION SPB 273-07 (7/01)

SIB 275-07 (7/01)		Date:		
Department:		Work Location (County):		
Name of Leap Candidate:		Social Security Number:		
Class Title: Leap Candidate [STAFF SERVICES ANALYST (GENERAL)]		Time Base: _ Full Time _ Intermittent _ Part Time		
Date of Appointment to LEAP Candidate Class:		Expected Completion Date (MM/DD/YY)		
Supervisor:		Phone:		
Critical Class Requirements of Identified Class:		Out- standing	Satis- factory	Needs improve
Demonstrate ability to:				
1.Reason logically and creatively and utilize a variety of analytical techniques to resolve complex governmental and managerial problems.				
 Develop and evaluate alternatives. Analyze data and present ideas and information effectively both oral 	ly			
and in writing.4. Consult with and advise administrators or other interested parties on	a			
wide variety of subject-matter areas. 5. Gain and maintain the confidence and cooperation of those contacted				
during the course of work.				
Supervisor Comments:				
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appo	intment			
Yes Request Approval of Permanent Appoi	ntment			
No Request Extension of Job Trial Po Recommend Termination of LEA (SUPERVISOR COMMENTS MUST INCLUDE JUST	P Candidate	ANY OF TH	E ABOVE)	1
CANDIDATE CERTIFICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATI SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY		' SIGNATU	RE DOES 1	NOT
Leap Candidate Signature:	Supervisor Signatu	are:		

LEAP CANDIDATE JOB EXAMINATION SPB 273-04 (7/01)

		Date:		
Department:	,	Work Location (County):		
Name of Leap Candidate:		Social Security Number:		
Class Title: Leap Candidate (STAFF SERVICES MANAGEMENT AUDITOR Date of Appointment to LEAP Candidate Class: Supervisor:	<u>'</u>	Time Base: _ Full _ Time Expected Completion Date Phone:		
Critical Class Requirements of Identified Class:		Out- standing	Satis- factory	Need
Demonstrate ability to:				
1. Learn and apply accounting and management auditing pri procedures to conduct audits of fiscal and management pr practices of State government.				
2. Develop and maintain positive working relationships with and other individuals when completing management audit				
3. Prepare accurate and concise reports.				
Supervisor Comments:				
Final Evaluation Only: LEAP Candidate Readiness for Perm	anent Appointme	ent		
Yes Request Approval of Perma	nent Appointmen	nt		
No Request Extension of Recommend Terminate (SUPERVISOR COMMENTS MUST INCLUTHE ABOVE)	on of LEAP Can		OR ANY (OF
CANDIDATE CERTIFICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION REPORT. MY THE COMMENTS MADE BY MY SUPERVISOR	SIGNATURE DOES NO	OT SIGNIFY T	HAT I AGRE	E WITH
Leap Candidate Signature:	Supervisor Sign	ature:		

LEAP CANDIDATE JOB EXAMINATION SPB 273-32 (7/01)

SIB 275-32 (7/01)	Date:			
Department:	Work Loca	ation (Coun	ty):	
Name of Leap Candidate:	Social Sec	Social Security Number:		
Class Title: Leap Candidate (SUPERVISING COOK I)	Time Base _ Intermit	_	Γime art Time	
Date of Appointment to LEAP Candidate Class:	Expected (MM/DI	Completion D/YY)	Date	
Supervisor:	Phone:			
Critical Class Requirements of Identified Class:	Out- standing	Satis- factory	Needs improve	
Demonstrate ability to:				
 Apply knowledge of principles, procedures and equipment to supervise the storage preparation, cooking and serving of food in large quantities. 	,			
2. Apply knowledge of kitchen sanitation and safety measures to supervise the operation, cleaning and care of utensils, equipment and work areas.				
3. Plan menus and develop schedules to prepare food for groups of varying size.				
4. Keep inventories and make requisitions.				
5. Plan, organize and direct the work of others.				
6. Analyze situations accurately and take effective action.				
7. Evaluate the work performance of others.				
8. Plan and conduct training.				
Supervisor Comments:				
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appointment				
Yes Request Approval of Permanent Appointment				
No Request Extension of Job Trial Period				
Recommend Termination of LEAP Candidate (SUPERVISOR COMMENTS MUST INCLUDE JUSTIFICATION F	OR ANY OF TH	IE ABOVE))	
CANDIDATE CERTIFICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION REPORT. SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY SUPERVISOR		JRE DOES	NOT	
Leap Candidate Signature: Supervisor S	ignature			

Leap Candidate Signature:

LEAP CANDIDATE JOB EXAMINATION SPB 273-24 (7/01)

SP	B 27	3-24 (7/01)	Date:		
De	parti	nent:	Work Loca	tion (Count	y):
Na	me c	Department of Transportation (Caltrans) of Leap Candidate:	Social Secu	rity Numbe	
		•			
Cla	ss T	itle: Leap Candidate	Time Base: Intermitte	_	ime Int Time
Da	e of	[TRANSPORTATION ENGINEER (CIVIL)] Appointment to LEAP Candidate Class:	_		
Dα	01	Appointment to LEAT Candidate Class.	Expected Completion Date (MM/DD/YY)		
Sup	erv	sor:	Phone:		
			Out-	Satis-	Needs
Cri	tical	Class Requirements of Identified Class:	standing	factory	improve
A.	Ab	ility to:	_		
	1.	Basic principles of physics, chemistry, and mathematics as applied to civil engineering.			
	2.	Engineering surveying.			
	3.	Hydrology and hydraulics.			
	4.	Stress analysis.			
	5.	Mechanics.			
	6.	Strength of materials.			
	7.	Properties and uses of engineering construction materials.			
	8.	Methods and equipment of engineering construction.			
	9.	Engineering economics.			
B.	Ab	ility to:			
	1.	Do simple mapping and drafting and make neat and accurate computations and engineering notes.			
	2.	Prepare reports.			
	3.	Establish and maintain friendly and cooperative relations with those contacted in the course of the work.			
	4.	Communicate effectively.			
Sup	erv	sor Comments:	1		
Fin	al F	valuation Only: LEAP Candidate Readiness for Permanent Appointment			
1 111	u1 <u>L</u>	variation only. BEH Canadaute recambos for remainent appointment			
		Yes Request Approval of Permanent Appointment			
		No Request Extension of Job Trial Period			
		Recommend Termination of LEAP Candidate			
_		(SUPERVISOR COMMENTS MUST INCLUDE JUSTIFICATION FOR .	ANY OF TH	E ABOVE)	
		DATE CERTIFICATION	V OLONIA TEL	DE DOEC	NOT.
		TIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION REPORT. M FY THAT I AGREE WITH THE COMMENTS MADE BY MY SUPERVISOR	r SIGNATU	KE DUES I	NUI

Supervisor Signature

California State Personnel Board

LEAP CANDIDATE JOB EXAMINATION SPB 273-25 (7/01)

SPB 273-25 (7/01)	Dat	te:			
Department:	Wo	ork Locat	ion (County	y):	
Name of Leap Candidate:	Soc	cial Secu	rity Numbe	r:	
Class Title: Leap Candidate (TRANSPORTATION PLANNER)	_ I	ne Base: Intermitte		rt Time	
Date of Appointment to LEAP Candidate Class:		pected Co MM/DD/	ompletion I YY)	Date	
Supervisor:	Pho	one:			
Critical Class Requirements of Identified Class:	Ou star	t- nding	Satis- factory	Needs improve	
Demonstrate ability to:					
Learn to use general principles and practices of transportation planning less complex transportation planning and project activities.	to perform the				
2. Use appropriate research methods to gather, compile, analyze and inter-	pret data.				
3. Learn to monitor transportation planning and project activities for conf State and Federal requirements.	formance with				
4. Use a variety of analytical techniques to develop and evaluate alternatitransportation problems.	ve solutions to				
5. Work effectively with others to deal with social, economic and environ which impact transportation planning.	mental issues				
6. Prepare reports.					
Supervisor Comments:	I			ļ	
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appoint	ment				
Yes Request Approval of Permanent Appointment					
No Request Extension of Job Trial Period					
Recommend Termination of LEAP Candidate (SUPERVISOR COMMENTS MUST INCLUDE JUSTIFICATION FOR ANY OF THE ABOVE)					
CANDIDATE CERTIFICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION REPORT. MY SIGNATURE DOES NOT SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY SUPERVISOR				NOT	
Leap Candidate Signature: Supervisor Signa					

LEAP CANDIDATE JOB EXAMINATION SPB 273-37 (7/01)

		Date:			
Department:			Work Location (County):		
Name of Leap Candidate:		Social Secu	rity Numbe	er:	
Class Title: Leap Candidate [VOCATIONAL INSTRUCTOR (VARIOUS SPECIALTIES)]		Time Base: _ Intermitte	Full T	ime rt Time	
Date of Appointment to LEAP Candidate Class:		Expected Completion Date (MM/DD/YY)			
Supervisor:		Phone:			
Critical Class Requirements of Identified Class:		Out- standing	Satis- factory	Needs improve	
Demonstrate ability to:					
1. Use methods, materials, tools, machines, equipment and apply safety princ required to perform duties of a journey-person in the specialty field.	iples				
2. Develop an instructional program designed to motivate clients/inmates to l and practical skills.	earn useful				
3. Provide instruction in the specialty field to clients/inmates in a classroom of setting.	or shop				
4. Supervise and maintain proper conduct and control of clients/inmates in th classroom.	e				
5. Assist clients/inmates to develop socially acceptable attitudes as they prograthrough course material.	ress				
6. Work effectively in a team with professionals from other disciplines to properly assess and evaluate client/inmate progress.					
7. Prepare clear and concise reports.					
Supervisor Comments:				<u> </u>	
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appointment					
Yes Request Approval of Permanent Appointment					
No Request Extension of Job Trial Period Recommend Termination of LEAP Candidate (SUPERVISOR COMMENTS MUST INCLUDE JUSTIFICATION FOR ANY OF THE ABOVE)					
CANDIDATE CERTIFICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION REPORT. MY SIGNATURE DOES NOT SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY SUPERVISOR					
Leap Candidate Signature: Supervisor Signa					

LEAP CANDIDATE JOB EXAMINATION SPB 273-22 (7/01)

SIB 273 22 (NOI)	Date	e:			
Department:			Work Location (County):		
Name of Leap Candidate:			Social Security Number:		
Class Title: Leap Candidate (WASTE MANAGEMENT SPECIALIST)		Time Base: _ Full Time Intermittent Part Time			
Date of Appointment to LEAP Candidate Class:		Expected Completion Date (MM/DD/YY)			
Supervisor:	Pho	ne:			
Critical Class Requirements of Identified Class:	Out- stan	- ding	Satis- factory	Needs improve	
Demonstrate ability to:					
 Apply statistical methods and principles of ecology to analyze the effects of practices, waste materials and chemical reactions on human health and the environment. 	land-use				
2. Analyze data and situations accurately, reach sound conclusions and take appactions.	propriate				
3. Assist in environmental surveys and investigations.					
4. Prepare clear, complete and technically accurate reports.					
5. Establish and maintain cooperative relations with those contacted in the cour work.	rse of				
				_	
Supervisor Comments:					
Final Evaluation Only: LEAP Candidate Readiness for Permanent Appointment					
Yes Request Approval of Permanent Appointment					
No Request Extension of Job Trial Period Recommend Termination of LEAP Candidate (SUPERVISOR COMMENTS MUST INCLUDE JUSTIFICATION FOR ANY OF THE ABOVE)					
CANDIDATE CERTIFICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION REPORT. MY SIGNATURE DOES NOT SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY SUPERVISOR					
Leap Candidate Signature: Supervisor Signature:					

California State Personnel Board

LEAP CANDIDATE JOB EXAMINATION SPB 273-01 (7/01)

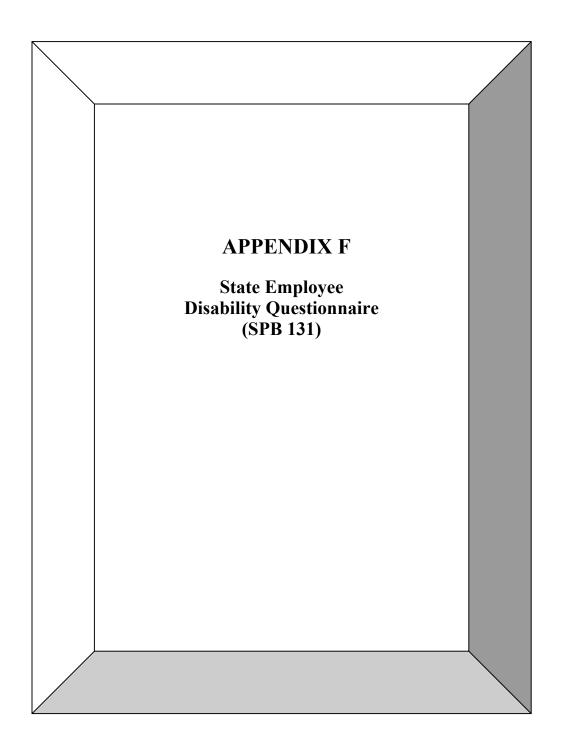
		Date:			
Department:		Work Loc	cation (Co	ounty):	
Name of Leap Candidate:			Social Security Number:		
lass Title: Leap Candidate (WORD PROCESSING TECHNICIAN) ate of Appointment to LEAP Candidate Class: Intermittent Part T Expected Completion Date Phone:			rt Time		
Critical Class Requirements of Identified Class:		Out- standing	Satis- factory	Needs improve	
Demonstrate ability to:					
 Type at a speed with an accuracy rate of at least 50 words on word processing equipment. Follow instructions for editing and proofreading written musing word processing equipment. Learn and interpret machine responses. Indentify and correct errors in spelling, punctuation and grant processing equipment. 	naterial while				
Supervisor Comments:	L				
Final Evaluation Only: LEAP Candidate Readiness for Perma	nent Appointm	ent			
Yes Request Approval of Permanent Appointment No Request Extension of Job Trial Period Recommend Termination of LEAP Candidate (SUPERVISOR COMMENTS MUST INCLUDE JUSTIFICATION FOR ANY OF THE ABOVE) CANDIDATE CERTIFICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF MY EVALUATION REPORT. MY SIGNATURE DOES NOT SIGNIFY THAT I AGREE WITH THE COMMENTS MADE BY MY SUPERVISOR					
Leap Candidate Signature:	Supervisor Sign	ature			

APPENDIX E

Employment Inquiry STD. 628 Pad, Laser & Continuous

Click on the link below to view Appendix E in Adobe Acrobat Reader format.

http://www.spb.ca.gov/svcgen/appendixE.pdf



MAIL TO: CALIFORNIA STATE PERSONNEL BOARD INFORMATION SYSTEMS UNIT, M.S. 33 P.O. BOX 944201 SACRAMENTO, CA 94244-2010

TO: STATE EMPLOYEES:

The California State Personnel Board is requesting your assistance in gathering statistical information concerning State employees with disabilities. Under Government Code Section 19233 the State must monitor the effects of its employment practices on employees with disabilities and compliance with non-discrimination laws. Your response to this questionnaire is <u>voluntary</u>. Section 504 of the U.S. Rehabilitation Act of 1973 allows the gathering of voluntary information concerning employee disabilities. The information gathered through this questionnaire will only be used for statistical purposes. Notice that your name is not shown on this form, nor will it ever be identified. <u>Confidentiality of this information is guaranteed under the Privacy Act of 1974 (PL 93-579)</u>. Thank you for your cooperation.

INS	TRUC	TIONS	: Please answer the following questions:		
1.	-		ndividual with a disability according to the following ment and Housing Act definition?	Yes	No
	An "	Individu	aal with a Disability" is a person who:		
		(a)	has a physical or mental impairment or medical condition which <i>limits</i> one or more major life activities; or		
		(b) (c)	has a record or history of such an impairment or medical condition is regarded as having such an impairment or medical condition.	on; or	
	diffic	ult. Thi	ans that the impairment or condition makes the achievement of any s must be determined without regard to mitigating measures such ces, prosthetics, or other reasonable accommodation.		-
2.		•	physical or mental impairment which is permanent or nate duration	Yes	No
	(a)		u use aids, such as a hearing aid, cane, crutches, walker, eelchair?		
	(b)	lenses mile,	ou have difficulty reading a newspaper without corrective s, hearing a normal conversation, walking a quarter climbing a flight of stairs without resting, or lifting 10 are pounds?		
	(c)	such (ou have difficulty performing routine daily living activities, as moving within your house or building, getting in or out of ir or performing other routine personal care functions?		

STATE EMPLOYEE DISABILITY QUESTIONNAIRE NEW EMPLOYEE Page 2

ENTER YOUR SOCIAL SECURITY NUMBER	
PRIMARY DISABILITY CODE:	
SECONDARY DISABILITY COD $\overline{E(S)}$:	

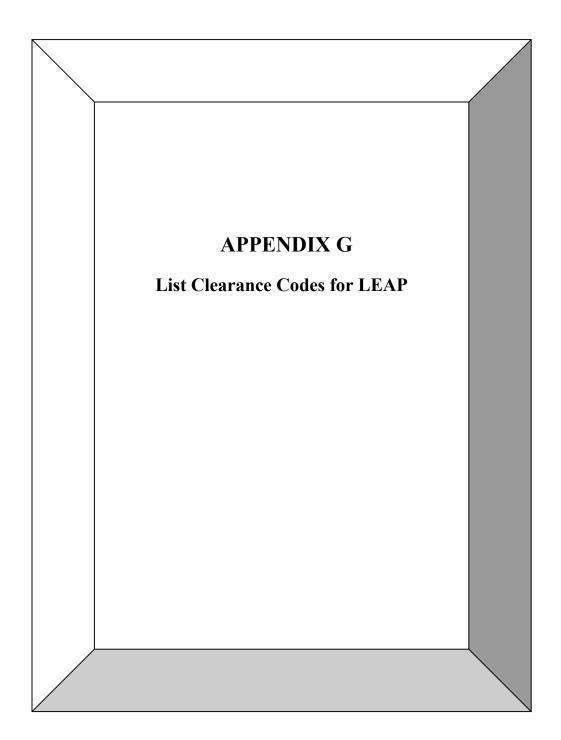
Please continue to answer the questions below...

(d)	Do you have difficulty doing such activities as going outside	Yes N
	the home, keeping track of money or bills, preparing meals, doing housework, or using the telephone?	
(e)	Do you have a physical, mental, or health condition which limits the kind or amount of work or housework you can do?	

If you responded "YES" to any of the above questions, please review the disability categories listed below and place an X in the box that identifies your primary and, if applicable, your secondary disability(ies). Enter these codes in the appropriate spaces at the top of the page. Mark an "X" if you have no disability.

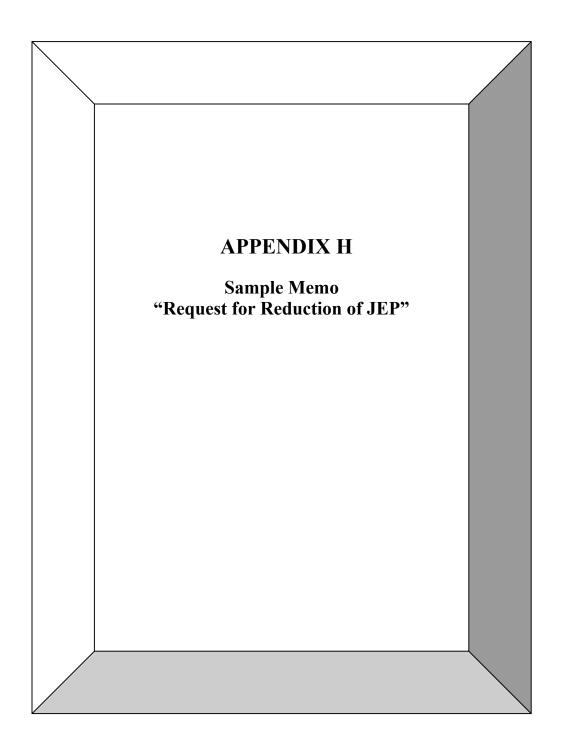
CO	CODE					
A	VISUAL: Legally blind, or has difficulty reading a newspaper without glasses, or has a limited field of vision.					
В	HEARING: Difficulty in hearing an ordinary conversation and/or using a telephone without the aid of an assistive device.					
C	SPEECH: Difficulty speaking or making oneself understood in person or on the telephone.					
D	ORTHOPEDIC: Amputations, or functional limitations of the upper or lower extremities, trunk, back or spine.					
E	OTHER HEALTH CONDITIONS: Impairments caused by diseases or other conditions affecting the body organs or systems, such as the heart, lungs or kidneys, e.g., cancer, Emphysema, Diabetes, Allergies, etc.					
I	NEUROLOGICAL: Autism, Epilepsy, Cerebral Palsy, Dyslexia and other learning disabilities, and other impairments causing limitations in balance, coordination, sensory and cognitive functions.					
J	MENTAL RETARDATION: Limited mental capacity that affects thinking and functioning and academic achievement.					
S	SKIN DISFIGUREMENTS: Burns, scars, acne, or other skin conditions.					
U	MENTAL DISORDERS: Conditions that impair reasoning or appropriate social behavior such as psychoses, neuroses, depression and personality disorders when diagnosed by a physician or clinical psychologist.					
V	ALCOHOL OR DRUG ABUSE: History of usage that substantially interfered with work.					
W	OTHER: Disability not shown on the questionnaire.					
X	NO DISABILITY					

DO NOT DUPLICATE OR RETAIN THIS FORM AFTER COMPLETION BY THE EMPLOYEE



LIST CLEARANCE CODES FOR LEAP

List Clearance Code	Description
AW	Not interested in this position, but wishes to remain active.
CE	Eligible's conditions of employment indicated on certification do not meet job requirements.
/CO1	Supplemental waiver code to report changes of information as a result of agency contact.
DE	Deceased
Н	Hired this Referral List
HS	Hired by State same class but different referral list of different agency or indicated as hired on earlier clearance, same referral list.
I	Interested
FR	Does not as yet meet flag requirements.
IDNA	Inactive, did not appear for work or interview.
IDNR	Inactive, did not reply.
INA	Inactive, not available.



State of California

MEMORANDUM

(date)

FILE: (SSA Number)

TO: State Personnel Board E9

Statewide SPB LEAP Coordinator

P.O. Box 944201

Sacramento, CA 94244-2010

FROM: (Department)

SUBJECT: Request for early appointment to the parallel class under the Limited Examination

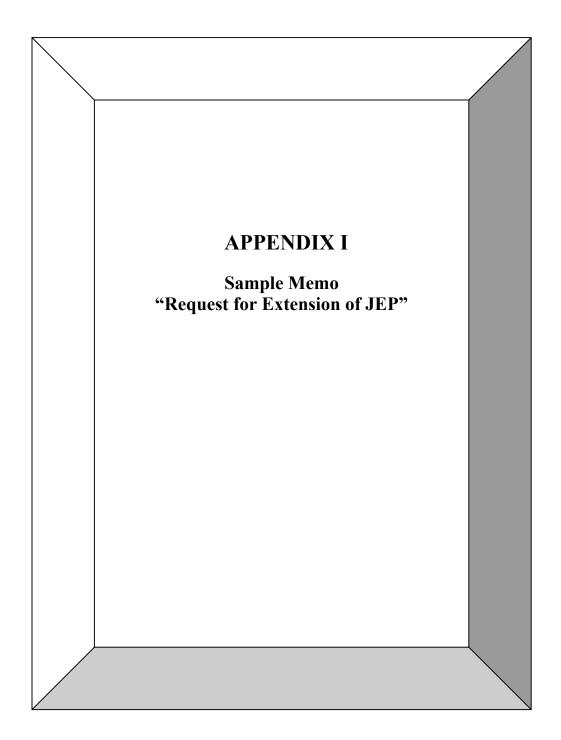
and Appointment Program (LEAP).

This memorandum is to request a reduction of time for (LEAP Candidate's name) in the job examination period. This individual was hired as a LEAP Candidate (class title) on (date) and meets all conditions in California Code of Regulations, Title 2, Division 1, Chapter I, Section 547.55(b) (SPB):

- 1. The employee held a position as (class title) from (date) to (date) in State civil service (name of State other than California) during the 12-month period prior to the effective date of the appointment to the LEAP Candidate class.
- 2. The duties performed in the position were equivalent in level of responsibility and requirements of knowledge, skills, and abilities to the duties of the position to which the employee will be appointed upon completion of the LEAP job examination period. (Attach a copy of the prior duty statement if possible.)
- 3. The prior position was held by the employee for (number of months).
- 4. The completed attach form SPB 273 shows satisfactory performance of the critical class requirements for the LEAP Candidate job class while in the prior position.

If you have any questions, please contact me at (telephone number).

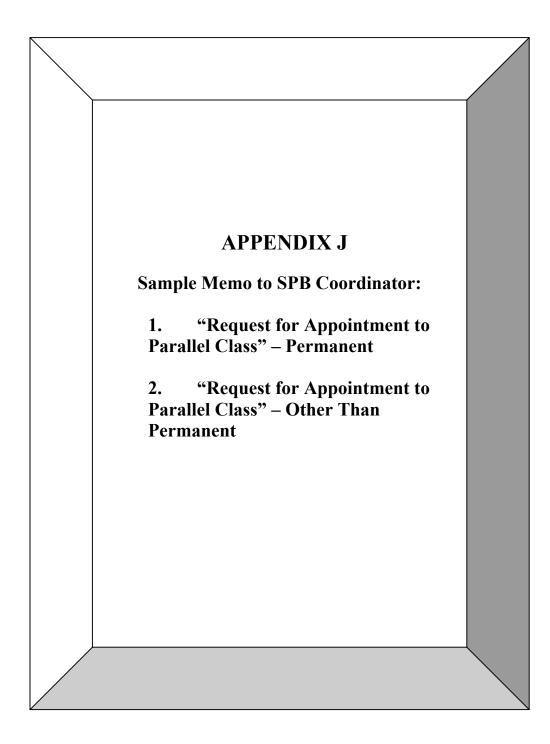
(Name) LEAP Coordinator



State of California

MEMORANDUM

	(date)		
	FILE: (SSA Number)		
TO:	State Personnel Board E9 Statewide SPB LEAP Coordinator P.O. Box 944201 Sacramento, CA 94244-2010		
FROM:	(Department)		
SUBJECT:	Request for extension of the Job Examination Period under the Limited Examination and Appointment Program (LEAP).		
examination LEAP Candi	andum is to request an extension of time for (LEAP Candidate's name) in the j period with a new end date of (date) This individual was hired as idate (class title) on (date) as specified in California Code of Regulations, Title Chapter 1, Section 547.55(a) (SPB).	a	
The extension	on is requested for the following reasons:		
	te will be informed of the reasons for the request for this extension of time and ware of the level of performance that is expected for a satisfactory rating during ting.		
	the SPB 273 form for the class listed above, prior monthly evaluations, and any oth information. If you have any questions, please contact me at (telephone number).	ıeı	
(NAME) LEAP Coord	dinator		
Attachments	SPB USE ONLY		
EXTENSION	N TO:(date)		
APPROVED			
	(SPB Statewide LEAP Coordinator) (date)		



SAMPLE MEMO TO SPB COORDINATOR: "Request for Appointment to Parallel Class" - Permanent

State of California

MEMORANDUM

(date)

FILE: (SSA Number)

TO: (SPB LEAP Coordinator)

FROM: (Department Name)

SUBJECT: Request for appointment under the Limited Examination and Appointment

Program (LEAP).

Please approve appointment for (<u>name of candidate</u>) to the class of [<u>title (specialty), range</u>]. He/She was hired (time base) on (date) as a LEAP Candidate (class title). He/She has successfully completed his/her Limited Examination and Appointment Program job examination period (completed form SPB 273 for each month attached) and should begin probation as a permanent state employee effective (date).

If you have any questions, please contact me at (telephone number).

(NAME) LEAP Coordinator

SAMPLE MEMO TO SPB COORDINATOR:

"Request for Appointment to Parallel Class" - Other Than Permanent

State of California

MEMORANDUM

(date)

FILE: (SSA Number)

TO: (SPB LEAP Coordinator)

FROM: (Department Name)

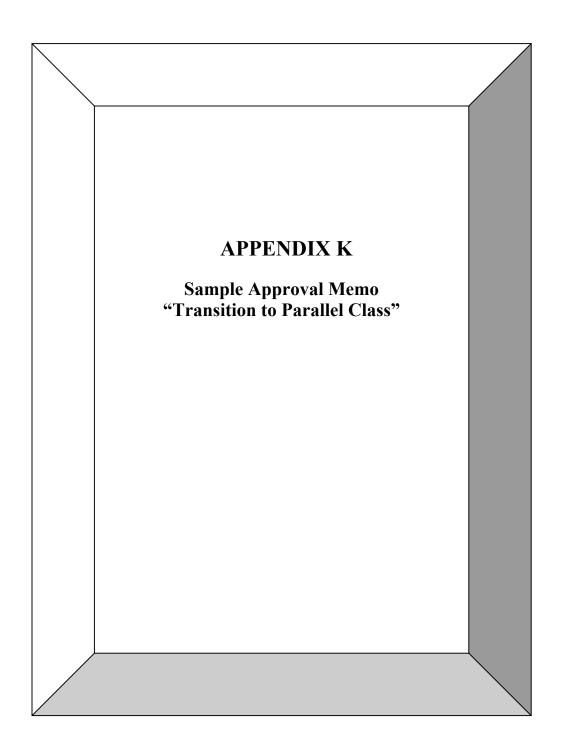
SUBJECT: Request for appointment under the Limited Examination and Appointment

Program (LEAP).

Please approve appointment for (<u>name of candidate</u>) to the class of [<u>title (specialty), range</u>]. He/She was hired (time base) on (date) as a LEAP Candidate (class title). He/She has successfully completed his/her Limited Examination and Appointment Program job examination period (completed form SPB 273 for each month attached) and should begin an appointment as a temporary/limited-term employee effective (date).

If you have any questions, please contact me at (telephone number).

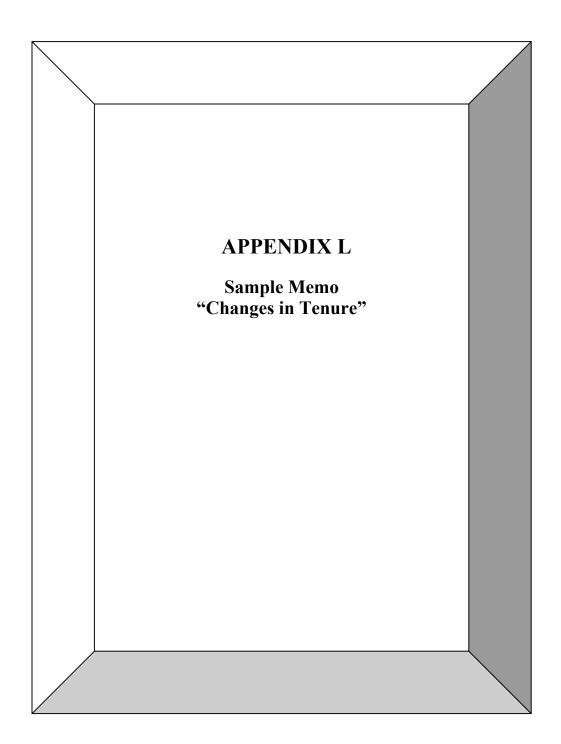
(NAME) LEAP Coordinator



State	of	Ca	lifo	rnia
State	0.	-u	1110	III

MEMORANDUM

		(date)
		FILE: (SSA Number)
TO:	(Department Name) (Mail Code) (Name), LEAP Coordinator	
FROM:	State Personnel Board Personnel Resources & Innovations Division	n
SUBJECT:	Approval for Appointment under the Limite Program (LEAP).	d Examination and Appointment
This memoral class (class tit	ndum is to approve the appointment of (<u>name</u> tle).	of candidate) to the State civil service
the skills and examination J	e has successfully completed a LEAP Candid abilities necessary to perform the work of the period. Attached is a copy of this memoral a "Notice of Exam Results" for his/her records	e class identified above during the job ndum which must be provided to the
above using a	ndum authorizes the hiring authority to appoint "A22" transaction under the provisions of de of Regulations, Title 2, Division 1, Chapte	Government Code Section 19243 and
This memorar	ndum must be retained "On File for Audit" by	the hiring authority.
APPROVED:	(Statewide LEAP Coordinator) EFFEC	CTIVE DATE:
cc: (candi	date)	



State of California

MEMORANDUM

(date)

FILE: (SSA Number)

TO: State Personnel Board E9

Statewide SPB LEAP Coordinator

P.O. Box 944201

Sacramento, CA 94244-2010

FROM: (Department)

SUBJECT: Request for change in tenure under the Limited Examination and Appointment

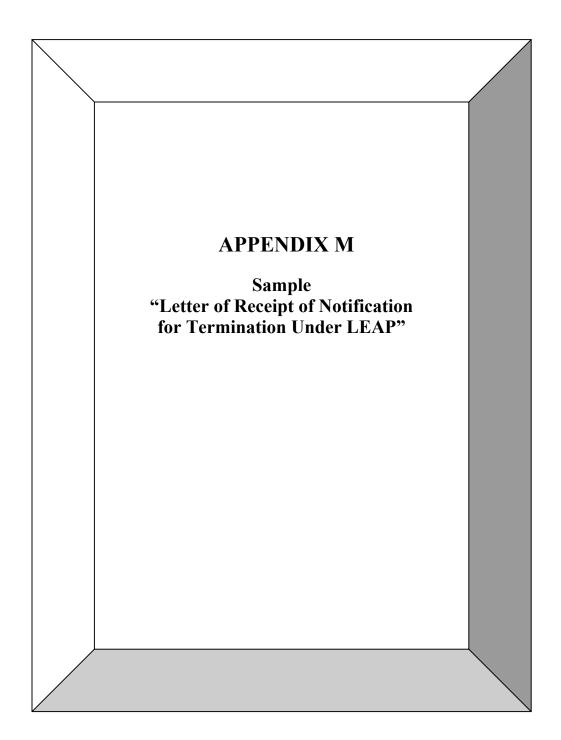
Program (LEAP).

Please approve change from (old tenure) to (new tenure) for (name) as of (effective date). He/She has successfully completed a LEAP Candidate examination and transitioned to the class of (class title) effective (date).

Since this individual has eligibility back to a LEAP referral list for the above class, we understand that we must use another "A22" transaction to make a change in tenure under LEAP.

If you have any questions, please contact me at (telephone number). Attached is a copy of the Approval Memo for the first appointment to the parallel class.

(NAME) LEAP Coordinator



SAMPLE MEMO - "Letter of Receipt of Notification for Termination Under LEAP"

State	of	California	

MEMORANDUM

	(date) FILE: (SSA Number)	
TO:		
FROM:	STATE PERSONNEL BOARD Personnel Resources & Innovations Division	
SUBJECT:	Letter of Receipt of Notification for Termination under the Limited Examinatio and Appointment Program (LEAP).	n
A notice has	as been received for termination of	
from the cla	ass of LEAP Candidate	
Acco	SIGNATION: cording to the department, the above-mentioned LEAP candidate has resigned prior cessfully completing the job examination period under LEAP. This let nowledges receipt of notification by the hiring authority to terminate the candidate.	ttei
DIS	SMISSAL:	
dem Regi	cording to the department, the above-mentioned LEAP candidate has not satisfactor nonstrated the level of knowledge, skill, and ability required by California Code gulations, Title 2, Division 1, Chapter 1, Section 547.54 (SPB) during the mination period.	O
cand five spec the 1 Rule	s letter acknowledges receipt of notification by the department to terminate didate. A written notice must be served on the candidate by the department at lete (5) working days prior to the effective date of the termination. The notice money of the reasons for the termination, the right to respond to the appointing power, a right to appeal the action to the State Personnel Board under the provisions of S es 60-74. [Government Code Section 19244(e), and California Code of Regulation e 2, Division 1, Chapter 1, Section 547.57 (SPB).]	eas us and PE
RECEIVED	D BY DATE SPB Statewide LEAP Coordinator	

APPENDIX N Sample PAR For TAU Appointment (A01)Click on the link below to view Appendix N in Adobe Acrobat Reader format. http://www.spb.ca.gov/svcgen/appendixN.pdf

APPENDIX O

Sample PAR for Appointment to the Identified Class (A22)

Click on the link below to view Appendix O in Adobe Acrobat Reader format.

http://www.spb.ca.gov/svcgen/appendixO.pdf

APPENDIX P

Sample PAR for Leap Resignation Without Fault – Voluntary Resignation (S01)

Click on the link below to view Appendix P in Adobe Acrobat Reader format.

http://www.spb.ca.gov/svcgen/appendixP.pdf

APPENDIX Q Sample PAR for Leap Termination Without Fault (S31) Click on the link below to view Appendix Q in Adobe Acrobat Reader format. http://www.spb.ca.gov/svcgen/appendixQ.pdf

APPENDIX R Sample PAR for Leap Termination With Fault (S40)Click on the link below to view Appendix R in Adobe Acrobat Reader format. http://www.spb.ca.gov/svcgen/appendixR.pdf